MEDICARE WELLNESS VISIT

Health Risk Assessment



Please complete the entire questionnaire completely so that your provider has complete and up to date information about you. Bring this with you to your appointment along with a list of your current medications*.

*Medications - Please bring a list of ALL your medication to this visit including all vitamins, supplements or over-the-counter medications.

Name			Date of Birth		Today's Date	
Medical History			Answer			
Have there been any updates to your medical history in the past year?		□ Yes	□ No	☐ Unsure		
If yes, what has chang	ged?					
Have you seen any Medical Providers outside of the Trinity Health/IHA health system in the past year?		□ Yes	□ No	□ Unsure		
If yes , please provide	Provider Name a	and I	Reason fo	r visit		
Provider Name(s)			Reason			
Provider Name(s)			Reason			
Any Hospitalizations outside of Trinity Health in the past year?			□ Yes	□ No	□ Unsure	
Hospital Name(s)			Reason			
General Health		Ans	swer			
			☐ Very heavy (such as fast running or			
How would you describe your typical sw physical function or exercise?		sta	stair climbing)			
			☐ Heavy (such as jogging or			
		swi	swimming)			
			☐ Moderate (such as brisk walking)			
		☐ Light (such as stretching or slow				
			walking)			
			☐ I am not currently exercising.			
In the last 7 days, did you have difficulty performing the following						
self-care activities?						
Eating	☐ Yes	Cr	44in a. dua - :	d	☐ Yes	
	□ No	Getting dressed		sea	□ No	
	☐ Yes	Bathing			☐ Yes	
Grooming	□ No				□ No	

Walking/Ambulating	Name		Date of Birth	Today's Date	
Shopping No Preparing food No No Housekeeping Yes No Oing laundry Yes No No Yes No No Yes Doing laundry No No No Yes No No Yes Diaces/Transportation No No Yes Managing Yes Managing Yes Mo More than half the days More than half the days Mare you felt down, depressed, or hopeless? No No No No No No No N	Walking/Ambulating	n	Using the toilet		
Housekeeping	Shopping		Preparing food		
Handling finances	Housekeeping		Doing laundry		
Using the telephone	Handling finances				
Considering the last two weeks, how would you respond to the following questions? In general, how would you describe your health? Excellent	Using the telephone	ء ا 🗕			
In general, how would you describe your health? Excellent			□ Yes □ No		
Excellent					
How would you describe your overall life satisfaction? Excellent	In general, how we	ould you describe	your health?		
Excellent	☐ Excellent	☐ Very Good	□ Fair	☐ Poor	
Excellent	How would you de	escribe your overa	Il life satisfaction?		
Have you had increased stress? Nearly daily More than half the days More than half the da		_		☐ Poor	
Nearly daily ☐ More than half the days ☐ A couple of days Have you had increased anger? ☐ Nearly daily ☐ More than half the days ☐ A couple of days Have you felt social isolation or loneliness? ☐ Nearly daily ☐ More than half the days ☐ A couple of days Have you had more pain than usual? ☐ Nearly daily ☐ More than half the days ☐ Not at all Have you experienced unusual fatigue? ☐ Nearly every day ☐ More than half the days ☐ A couple of days Have you felt down, depressed, or hopeless? ☐ Nearly every day ☐ More than half the days ☐ Several days ☐ Not at all Have little interest or pleasure in doing things? Not at all	Have you had incr				
Have you had increased anger? Nearly daily	_	☐ More than	-	☐ Not at all	
Nearly daily ☐ More than half the days ☐ A couple of days Have you felt social isolation or loneliness? ☐ Nearly daily ☐ More than half the days ☐ A couple of days Have you had more pain than usual? ☐ Nearly daily ☐ More than half the days ☐ A couple of days ☐ Nearly daily ☐ More than half the days ☐ Not at all days Have you experienced unusual fatigue? ☐ Nearly every day ☐ More than half the days ☐ Not at all days Have you felt down, depressed, or hopeless? ☐ Not at all days ☐ Nearly every day ☐ More than half the days ☐ Several days ☐ Not at all days Have little interest or pleasure in doing things? ☐ Not at all days					
□ Nearly daily □ More than half the days □ A couple of days □ Not at all Have you had more pain than usual? □ Nearly daily □ More than half the days □ A couple of days □ Not at all Have you experienced unusual fatigue? □ Nearly every day □ More than half the days □ A couple of days □ Not at all Have you felt down, depressed, or hopeless? □ Not at all □ Not at all □ Nearly every day □ More than half the days □ Several days □ Not at all Have little interest or pleasure in doing things? □ Not at all		☐ More than	•	☐ Not at all	
Have you had more pain than usual? Nearly daily					
Have you had more pain than usual? □ Nearly daily □ More than half the days □ Nearly every day □ More than half the days □ Not at all □ A couple of days □ Not at all □ A couple of days □ Not at all	☐ Nearly daily		·-	☐ Not at all	
□ Nearly daily □ More than half the days □ A couple of days □ Have you experienced unusual fatigue? □ Nearly every day □ More than half the days □ A couple of days □ Not at all every day □ Not at all every day □ Nearly every day □ More than half the days □ Several days □ Nearly every day □ More than half the days □ Several days □ Nearly □ More than half the days □ Not at all every day	Have you had mor				
Have you experienced unusual fatigue? Nearly More than A couple of days Have you felt down, depressed, or hopeless? Nearly More than half the days Have little interest or pleasure in doing things? Not at all	_	☐ More than	☐ A couple of	☐ Not at all	
□ Nearly every day □ More than half the days □ A couple of days □ Have you felt down, depressed, or hopeless? □ Nearly every day □ More than half the days □ Several days □ Not at all □ Nearly □ More than half the days □ Not at all Nearly More than Several days Not at all					
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Have you felt down, depressed, or hopeless? Nearly every day Have little interest or pleasure in doing things? More than half the days Not at all	1		•	□ Not at all	
 □ Nearly every day □ More than half the days □ Several days □ Not at all □ Nearly □ More than □ Several days □ Not at all 			✓	1	
every day half the days Several days Not at all Have little interest or pleasure in doing things? Nearly Several days Not at all	•	<u> </u>			
Have little interest or pleasure in doing things? Nearly Not at all	1		☐ Several days	□ Not at all	
☐ Nearly ☐ More than ☐ Several days ☐ Not at all			ing things?	l	
	☐ Nearly	☐ More than		☐ Not at all	

Name		Da	Date of Birth To		oday's Date	
Generally, how	v would you describe	vour d	liet?	_		
☐ Healthy	☐ Healthy ☐ Standard		☐ Plant- based		□ Poor	
Special, please	describe:	10000				
	eational Drugs	•				
In the past year Drugs?	ar, how often have you	ı used	Illegal Dr	ugs or	Recreational	
☐ Nearly	☐ More than	□ А	couple		Not of all	
every day	half the days	of da	ys		Not at all	
	interested in interven	tional	☐ Yes	□ No	□ Unsure	
resources?						
Additional Que	estions:					
Do you feel un	safe within your home	e?	□ Yes	□ No		
Do you have a problems?	ny teeth issues or der	ntal	□ Yes	□ No		
Do you have a activity?	ny concerns about se	xual	□ Yes	□ No		
Do you drink a	alcohol?		☐ Yes	□ No		
Do you use tobacco?			☐ Yes	□ No		
Do you use yo	ur seatbelt in a vehicl	e?	☐ Yes	□ No		
Do you feel un walking?	steady when standing	g or	□ Yes	□ No		
Have you expe year?	rienced a fall in the last	t	□ Yes	□No		
Do you have the	he following home Saf	fety	Smoke:		☐ Yes ☐ No	
Detectors:			Carbon		☐ Yes ☐ No	
			Monoxid	de:		
Has a first-deg	ree relative been diagn	osed	Cancer:		☐ Yes ☐ No	
with any of the	following?		Heart At	tack	☐ Yes ☐ No	
(mother, father, siblings, children)		Mental Illness		☐ Yes ☐ No		
			Stroke		☐ Yes ☐ No	
			Unknow	'n	☐ Yes ☐ No	
			If unkno			
			why?	· • • • • • • • • • • • • • • • • • • •		

Name	Date of Birth		Today's Date
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Do you have an Advanced Directive in place? Advanced Directives (Durable Power of Attorney for Healthcare) are documents that can help ensure your wishes are followed in the instance you cannot make your own medical decisions.	□ Yes	□ No	□ Unsure
If yes, please bring a copy with you so that we can add it to your record.	□ Vos		
If no, would you like some information?	☐ Yes	□ No	
OFFICE USE ONLY PROVIDER SIGNATURE		DATE	