

Patient Name: _____ **DOB:** _____

Medicare Annual Exam Questionnaire

Medicare has recently added an annual “wellness exam” as a benefit. This exam helps you and your provider develop a personalized plan to prevent disease, improve your health, and help you stay well. There’s no co-payment or deductible for this exam. The exam includes a review of your medical history; preventive tests and screenings; and planning for a healthy future.

Please answer the below questions to help us make the most of your visit:		
1. Do you eat at least 2 meals every day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is your diet balanced and healthy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you had an eye test in the last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you had a hearing test in the last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you have any problems with your hearing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you had any incontinence (inability to hold your urine) in the last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. If you have had any incontinence, has it occurred more than 6 times in the last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have you experienced a fall in the last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Do you need help with laundry, shopping or transportation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Do you need help with managing your daily medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Do you feel safe at home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Do you have pleasure in doing things?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Do you feel depressed or down?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Do you have an Advanced Directive or a Living Will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

