

# Medicare IPPE and AWWV Visits Workflow Sept 2018

IPPE = “Welcome to Medicare”

AWV = “Annual Wellness Visit”

**COMPARISON OF INITIAL PREVENTIVE PHYSICAL EXAMINATION (IPPE), 1<sup>ST</sup> ANNUAL WELLNESS VISIT (AWV) AND SUBSEQUENT AWV**

<b>Component</b>	<b>IPPE (Welcome to Medicare)</b>	<b>1<sup>st</sup> AWV</b>	<b>Subsequent AWV</b>
<b>ACQUIRE BENEFICIARY HISTORY</b>			
Medical	PMSHx, Medications (including Supplements), FHx, ATD use, Diet, Physical activity	PMSHx, FHx, Medications (including supplements)	Update from previous year
Depression	Use screening instrument	Use screening instrument	For high risk patients
Risk Assessment	Hearing, ADLs, Fall, and Home safety assessment using screening questions	See Health Risk Assessment (HRA)	See Health Risk Assessment (HRA)
<b>BEGIN EXAMINATION</b>			
Measurements	Ht, Wt, BP, Vision, BMI, and other appropriate measurements based on history	Ht, Wt, BP, BMI, and other appropriate measurements based on history	Wt, BP, and other appropriate measurements based on history
Cognition		See Mini-Cog	See Mini-Cog
End of life planning	If patient agrees (see Advanced Directive)		
Providers		Complete list of providers and suppliers	Update list of providers and suppliers
<b>COUNSEL BENEFICIARY</b>			
Education, counseling, and referral	As appropriate based on above components. Refer for preventive services and risk factor modification.	As appropriate based on above components. Refer for preventive services and risk factor modification.	As appropriate based on above components. Refer for preventive services and risk factor modification.
Provide written Personal Preventive Plan Services (PPPS)	Checklist	Written screening schedule (5-10 years); List of mental health conditions and other risk factors with treatment options and risks and benefits; personalized health advice including lifestyle intervention (with community resources), fall prevention, nutrition, physical activity, tobacco-use cessation, weight loss	Update written screening schedule; update risk factors; personalized health advice as for 1 <sup>st</sup> AWV with community referrals
Additional procedures	US for AAA (high risk groups)		
Additional procedures	EKG (if indicated)		

PMSHx-past medical and surgical history; FHx-family history; ATD-alcohol/tobacco use disorder; ADL-activities of daily living; HRA-health risk assessment; BP-blood pressure; BMI-Body mass index; US-ultrasound; AAA-abdominal aortic aneurysm; EKG-electrocardiogram

# Medicare Wellness in Cerner

- Scheduling
- Previsit data collection
  - Questionnaire- paper (optional per site)
- Office: Nurse/MA
  - Complete PowerformWeight, Vitals (Vision only if IPPE exam)

# Scheduling/Previsit

- Pop Health nurse: Contact patient ahead-  
Order/review any Quality items (can be ordered via JPP)
- Remind patient to bring all meds to visit for med rec
- Mail paper form to patient to bring in at visit
  - Faster/more accurate for nurses to transcribe answers
  - Older patients may need to think about things before answering (e.g Adv directives, Family history)
  - Helps organize visit priorities
  - Can have patient validate PAMI from Med record
  - Some patients can't do this- alternatives would be phone interview or having them come early for staff help

**ANNUAL WELLNESS PREVISIT QUESTIONNAIRE**

This is a multiple page questionnaire- please fill out ALL PAGES before your visit!

NAME: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Today's Visit**

What three questions would you like answered today?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Is there anything you would like to do to improve your health (please circle):

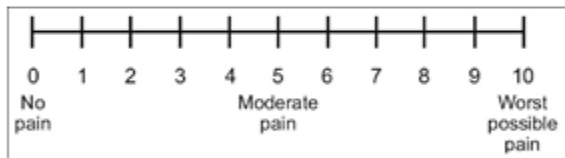
 Eat a Healthy Diet/Lose Weight	 Limit Alcohol	 Be Physically Active	 Monitor My Blood Sugar and Blood Pressure
 Stop Smoking	 Cope with Stress	 Take My Medicine	Other

How should we contact you? (circle one) No Preference Letter Telephone Web Portal

What is your preferred language? English American Sign Language French German Spanish Other \_\_\_\_\_

Are you having pain today? Yes No If so, where \_\_\_\_\_

Please rate your pain, if you have any by marking the scale:



**End of Life Care:**

- Do you want to discuss end of life issues?  Yes  No
- Do you have an Advanced Directive/Living Will?  Yes  No
- Do we have a copy on file?  Yes  No

**ACTIVITIES OF DAILY LIVING :** Because of a health or memory problem

Do you have any difficulty with...

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	bathing or showering?
<input type="checkbox"/>	<input type="checkbox"/>	dressing yourself?
<input type="checkbox"/>	<input type="checkbox"/>	eating or feeding yourself?
<input type="checkbox"/>	<input type="checkbox"/>	toileting and cleaning yourself
<input type="checkbox"/>	<input type="checkbox"/>	getting off/on the toilet, transferring from bed to chair
<input type="checkbox"/>	<input type="checkbox"/>	leaking stool or urine, having to wear pads?
<input type="checkbox"/>	<input type="checkbox"/>	driving or transportation
<input type="checkbox"/>	<input type="checkbox"/>	meal/food preparation
<input type="checkbox"/>	<input type="checkbox"/>	shopping or errands
<input type="checkbox"/>	<input type="checkbox"/>	managing your money – such as paying your bills and keeping
<input type="checkbox"/>	<input type="checkbox"/>	using telephone
<input type="checkbox"/>	<input type="checkbox"/>	laundry
<input type="checkbox"/>	<input type="checkbox"/>	walking several blocks?

Comments \_\_\_\_\_

**Falls:**

Have you fallen in the last year? (check one box only)	NO	
		Once, without injury
		Once WITH INJURY
		2 Falls or more
Do you FEEL UNSTEADY when standing or walking	Yes	No
Do you WORRY about falling?	Yes	No

**Allergies:**

Please be prepared to review your allergies.

Is there anything new you are allergic to? \_\_\_\_\_

**Medical Problems:**

Please be prepared to review your diagnoses.

Do you have any new diagnoses? \_\_\_\_\_

**Procedures and Implants:**

Please be prepared to review your procedure history.

Have you had any surgery, invasive tests, or implants since we last saw you? \_\_\_\_\_

# Medicare Wellness Visits Centricity-> Cerner by TASK:

Items in RED will be done either in:

Nursing Ad Hoc Medicare Form

OR

Previsit Medicare Wellness Questionnaire over Portal

Provider will document Dietary Counseling, (and Exercise only in IPPE) by choosing AWV DYN DOC

PE & ROS are optional- (but good idea to document cognition evaluation in PE)

Medicare Visit - EMMC: MICHELIN TESTING

Visit Preventive Services Flowsheet

Type of Visit  Welcome to Medicare  
 Medicare Initial Wellness  
 Subsequent Wellness Visit  
 Patient not eligible for Medicare visit

**All required items have not been completed. Please review.**

**Complete Required Items:**

<input checked="" type="checkbox"/>	<input type="checkbox"/>	Offered Advance Directives/End of Life Planning-->	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Complete Visual Acuity/Snellen Test (Vitals Form) (Color vision NOT necessary)	Vitals Form
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Height, Weight, BMI, BP	Vitals Form
	<input type="checkbox"/>	Complete:	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cognitive Impairment	Go
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hearing Impairment	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADLS/IADLS	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Home Safety	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Current Providers/Suppliers/Medications	Patient Contact List
<input checked="" type="checkbox"/>	<input type="checkbox"/>	PMH (If no changes, click "reviewed")	PMH-PSH-CCC
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Family History (If no changes, click "reviewed")	FH-SH-CCC
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Social History (If no changes, click "reviewed")	
	<input type="checkbox"/>	Risk Factors	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	History of alcohol, tobacco and illicit drug use	Risk Factors
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Depression	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fall risk	
	<input type="checkbox"/>	Interventions	
<input type="checkbox"/>	<input type="checkbox"/>	Diet ("check box under Weight for "Counseled patient on diet and exercise")	Lifestyle Interventions
<input type="checkbox"/>	<input type="checkbox"/>	Exercise/Physical Activities	
<input type="checkbox"/>	<input type="checkbox"/>	CPOE	CPOE-CCC
		(Other problems assessed as needed)	
	<input type="checkbox"/>	Optional Items:	
	<input type="checkbox"/>	ROS (Not required, complete if needed)	ROS-CCC
	<input type="checkbox"/>	PE (Not required, complete if needed)	PE-CCC
	<input type="checkbox"/>	Patient Instructions (Not required, complete if needed)	Patient Instructions-CCC
	<input type="checkbox"/>	Optional Orders:	

# Medicare Wellness Visits: NURSE INTAKE FORM: Centricity → Cerner Crosswalk

The image displays two overlapping software interfaces for Medicare Wellness Visits. The left interface is Centricity's 'Preventive Services Flowsheet', and the right is Cerner's 'Medicare Wellness Visit Form'. A central column lists various data points, with arrows indicating their mapping between the two systems.

**Centricity Flowsheet (Left):**

- Type of Visit: Welcome to Medicare
- Required Items:
  - Offered Advance Directives/End of Life Planning
  - Complete Visual Acuity/Snellen Test (Vitals Form)
  - Height, Weight, BMI, BP
  - Complete: Cognitive Impairment, Hearing Impairment, ADLs/IADLs, Home Safety
  - Current Providers/Suppliers/Medications
  - PMH (If no changes, click "reviewed")
  - Family History (If no changes, click "reviewed")
  - Social History (If no changes, click "reviewed")
  - Risk Factors: History of alcohol, tobacco and illicit drug use, Depression, Fall risk
  - Interventions: Diet, Exercise/Physical Activities
  - CPOE (Other problems assessed as needed)
  - Optional Items: ROS, PE, Patient Instructions
  - Optional Orders

**Cerner Form (Right):**

- Visit Information Medicare
- Visit Date/Time: 08/26/2018 1442 EDT
- Communication Preference: Printed Letter
- Primary Language: English
- Update Sections:
  - Vital Signs/Pain Update
  - Advance Directive Update
  - Functional Screening Update
  - STEADI Fall Risk Update
  - Allergies Update
  - Problem Update
  - Procedure History Update
  - Education Screening Update
  - Care Providers Update
  - Hearing/Vision/Cognitive Screen Update
  - Home Safety Update
  - Depression Screening Update
  - Detailed Depression Screening Update
  - Medication List Update
  - Family History Update
  - Social History Update
  - Infection Control/Travel Update

**Annotations and Crosswalks:**

- Red:** 'All required items have not been completed. Please review.'
- Blue:** 'Vision Only needed for Welcome to Medicare' (points to Visual Acuity and Vision an).
- Yellow:** 'Communication Preference' (points to Printed Letter).
- Green:** 'PROB to be added using QUICK VISIT' (points to CPOE).
- Red:** 'Instructions to be fired from QuickVisit' (points to Patient Instructions).
- Red:** 'Only used if fails PHQ2 at left' (points to Detailed Depression Screening Update).

Data Collection by Nurse/MA using Ad-hoc Powerform

# Nurses transcribe information in Ad Hoc form “Medicare Wellness Visit Form”

The screenshot displays an EHR interface for patient TESTING, BRIAN. The patient's name is circled in red. The 'Ad Hoc Charting' window is open, showing a list of medical specialties on the left and a list of forms on the right. The 'Primary Care' specialty is circled in red, and an arrow points from it to the 'Medicare Wellness Visit Form' in the list of forms, which is also checked. The patient's age is 38 years and gender is male. The interface includes a menu on the left with options like 'Problem List', 'Home Medications', and 'Allergies'. The top navigation bar includes 'Task', 'Edit', 'View', 'Patient', 'Chart', 'Links', 'Notifications', and 'Navigation'.

TESTING, BRIAN - 1133974 - Opened by ZELNICK MD, CHARLES J

Task Edit View Patient Chart Links Notifications Navigation Help

Home Provider Handoff Message Center Patient List Dynamic Worklist Schedule Multi-Patient Task List Teach Me MyExperience

Communicate AdHoc New Sticky Note View Sticky Notes Tear Off Suspend Exit Calculator Patient Pharmacy PM Conversation

TESTING, BRIAN

TESTING, BRIAN myEMHSHealth:Invitation Sent Age:38 years Gender:Male DOB:04/ In-patier eLos:4

Provider View

Ambulatory 2018 Inpatie

Problem List

- Home Medications (7)
- Allergies (0)
- Reminders (0)
- Chief Complaint
- Care Team
- Vital Signs
- History of Present Illness
- Review of Systems
- Physical Exam
- Assessment and Plan
- Documents ...
- Labs ...
- Diagnostics ...
- Histories ...
- Immunizations ...
- Microbiology ...
- Pathology ...
- Recommendations ...
- Visits ...

Ad Hoc Charting - TESTING, BRIAN

- Ambulatory
  - Behavioral Health
  - Cardiology
  - Endocrinology
  - ENT
  - Gastroenterology
  - General Surgery
  - Neurology
  - Neurosurgery
  - OBGYN
  - Oncology
  - Orthopedics
  - Pain Management
  - Pediatric
  - Podiatry
  - Primary Care
  - Rheumatology
  - Walk-in Care
  - Wound
- Additional Assessments
- Intake/History
- Procedures
- All Items

- ADHD Process Measure Form
- Allergy Injection Form
- Asthma Control Screening Form
- ATP III Risk Assessment Form
- Berlin Sleep Study Form
- Breast Cancer Risk Assessment Form
- Controlled Substance Management Form
- Depression Screening Adolescent Form
- Depression Screening Form
- Epworth Sleepiness Scale Form
- Ejection Fraction Result Form
- Food Insecurities Form
- Functional & Cognitive Screening Form
- Homecare Referral
- Lead Risk Assessment Form
- Life Expectancy Form
- Medicare Wellness Visit Form
- Mini Mental Status Exam Form
- Nutrition Assessment and Plan Form
- Orthostatic Vitals
- Outpatient Clinical Note
- Outside labs
- Patient Education Outpatient
- Patient Information Administrative Form
- Universal Protocol Time Out



# ALL sections must be completed before the form can be closed!

The screenshot displays the Medicare Wellness Visit Form for TESTING, BRIAN. The form is divided into several sections, with red annotations highlighting specific areas:

- Visit Information Medicare:** Includes fields for Visit Date/Time (09/18/2018, 2202 EDT), Communication Preference (No Preference, Printed Letter, Phone Call, Patient Portal), Primary Language (English, American Sign Language, French, German, Spanish, Other), and various update checkboxes (Care Providers, Hearing/Vision/Cognitive Screen, Home Safety, Depression Screening, Detailed Depression Screening, Medication List, Family History, Social History, Infection Control/Travel).
- Vital Signs/Pain Update:** A section with checkboxes for Yes/No for Vital Signs/Pain Update, Advance Directive Update, Functional Screening Update, STEADI Fall Risk Update, Allergies Update, Problem Update, Procedure History Update, and Education Screening Update.
- Vital Signs:** Includes fields for Temperature (DegC), Temperature Method (Temporal, Rectal, Axillary, Bladder, Oral, Intravascular, Tympanic, Esophageal), Peripheral Pulse Rate (BPM), Apical Heart Rate (BPM), Respiratory Rate (br/min), Systolic/Diastolic BP (mmHg), BP Method, MAP, SpO2 (%SAT), O2 Flow (L/min), FIO2 (%), O2 Therapy, Height/Length Measured (170 cm, 5 ft 7 Inch), Weight (kg), Wheelchair weight (kg), Body Mass Measured, BSA, and BMI Exclusion.
- Pain:** Includes fields for Pain Present, Numeric Pain Scale, FACES Pain Scale, Pain Comments, and Primary Pain Location (checkboxes for various body parts like Abdomen, Ankle, Arm, Back, Calf, Chest, Ear, Eye, Face, Hand, Hip, Jaw, Knee, Leg, Lip, Lumb, Neck, Nose, Oral, Pelvic, Penis, Perianal, Perineum, Rectal, Rib, Scapula, Shoulder, Toe, Tongue, Wrist).

Red annotations include a circle around the 'Communication Preference' and 'Vital Signs/Pain Update' sections, and arrows pointing to the 'Vital Signs/Pain Update' and 'Vital Signs' sections.

# Nursing Note Created and Saved in chart...

## \* Final Report \*

Medicare Wellness Visit Form Entered On: 09/02/2018 14:41 EDT  
Performed On: 09/02/2018 14:30 EDT by ZZ, PHYS PRIMARY CARE P1

### Summary

Visit Date and Time: 09/02/2018 14:30 EDT  
Vital Signs Update: Yes  
Care Providers Update: Yes  
Update Advance Directive?: Yes  
Hearing/Vision/Cognitive Screen Update: Yes  
Functional Screening Update: Yes  
Home Safety Update: Yes  
Depression Screening Update: Yes  
STEADI Fall Risk Update: Yes  
Detailed Depression Screening Update: Yes  
Allergies Update: Yes  
Medication List Update: Yes  
Past Medical Hx Update: Yes  
Family Hx Update: Yes  
Procedure Hx Update: Yes  
Social Hx Update: Yes  
Education Screening Update: Yes  
Infection Control/ Travel Update: Yes

This data now all  
available in Mpage  
and/or DYN DOC for  
Provider

ZZ, PHYS PRIMARY CARE P1 - 09/02/2018 14:30 EDT

### Patient Preferred Method of Communication

Send Letter

### **Vital Signs**

Temperature: 36 DegC(Converted to: 96.8 DegF)  
Temperature Method: Temporal Temperature  
Pulse Rate: 78 BPM  
Height: 180 cm(Converted to: 5 ft 11 Inch)  
Dosing Weight: 68 kg(Converted to: 149 LB 15 OZ)  
Body Mass Index: 21 kg/m<sup>2</sup>  
Cuff Systolic BP: 120 mmHg  
Cuff Diastolic BP: 80 mmHg  
Cuff MAP Estimated: 93 mmHg

# Provider

- Review collected data
- Review Vitals
- Review Recommendations
- Use QuickVisit to add
  - Diagnosis
  - Orders
  - Charges
- Complete Visit with Dyn Doc
  - Choosing the *Medicare Visit Note* means Provider chooses to document that nutrition/exercise advice was given (for compliance)
- Provide “5-10” year plan
  - Use Handouts
  - Clinical Visit Summary
    - Print or to Portal

4 This Visit Problem (7)

- Morbid obesity
- Nicotine dependence
- Elevated blood pressure reading without diagnosis of hypertension
- Overweight and obesity
- Encounter for general adult medical examination without abnormal findings
- Encounter for general adult medical examination with abnormal findings
- Tobacco use

This Visit ⓘ

One click to add  
Diagnosis

4 Review of Systems (1)

- /ros\_basic
- None

4 Physical Exam (1)

- /pe\_basic
- None

Once Powerform or  
Clipboard is reviewed,  
Provider can use QUICKVISIT  
to rapidly add items to  
MPage

4 Orders (7)

- zoster vaccine live
- Glucose Fasting
- Basic Metabolic Panel
- Comprehensive Metabolic Panel
- Fecal Occult Blood POC
- Testosterone Level Total
- Hepatitis C Antibody

One click to add  
Orders

4 Charges (13)

- EKG For Init Preventive Exam G0403
- Initial Comp Preventive Med 65+ yrs New 99387
- Periodic Comp Preventive Med 65+ years Est 99397
- Initial Wellness Visit - Welcome to Medicare G0402
- Cancer Screening; Pelvic/Breast Exam G0101

One click to add  
Charges

# Provider: Complete Work in MPage

Ambulatory 2018 × Discharge × Primary Care Quick Orders × Pregnancy Workflow × +

Physical Exam ...  
 Assessment and Plan ...  
 Documents ...  
 Medicare Visit Form ...  
 Home Medications ...  
 Labs ...  
 Diagnostics ...  
 Histories ...  
 Immunizations ...  
 Microbiology ...  
 Pathology ...  
 Problem List  
**Recommendations**  
 Visits (4)  
 Outstanding Orders (6)  
 Order Profile (2)  
 New Order Entry  
 Patient Education  
 Health Concerns  
 Goals and Interventions  
 Create Note  
 Office Visit Note  
 Procedure Note  
 Admission H & P

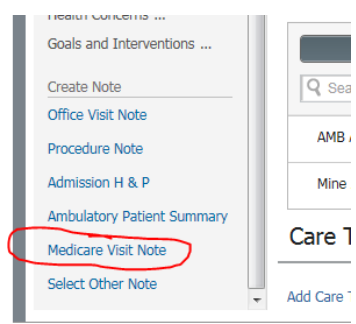
## Recommendations

Pending (18) Not Due / Historical (1)

Recommendation	Last Action	Priority	Frequency	Due
AMB Joint Practice Protocol	--	High	Q 1YR	AUG 26, 2018
Adult Wellness	--	High	Q 1YR	AUG 26, 2018
BMI Management	--	High	Q 6Month	AUG 26, 2018
Breast Cancer Screening	--	High	Q 24Month	AUG 26, 2018
COPD Maintenance - COPD Medications Prescribed	--	High	Variable	AUG 26, 2018
COPD Maintenance - Oxygen Assessment	--	High	Q 1YR	AUG 26, 2018
COPD Maintenance - Pulmonary Rehab Education	--	High	Q 1YR	AUG 26, 2018
COPD Maintenance - Written Self Management Plan	--	High	Variable	AUG 26, 2018
Cervical Cancer Screening Age 30-65	--	High	Q 5YR	AUG 26, 2018
Colorectal Screening	--	High	Q 1YR	AUG 26, 2018
Depression Screening	--	High	Variable	AUG 26, 2018
Diabetes Screening	--	High	Q 3YR	AUG 26, 2018
Lipid Screening	--	High	Q 5YR	AUG 26, 2018
Pertussis Vaccine	--	High	Q 10YR	AUG 26, 2018
Physical Exercise Education	--	High	Q 1YR	AUG 26, 2018
Spirometry	--	High	Q 1YR	AUG 26, 2018
Tetanus/TD Vaccine	--	High	Q 10YR	AUG 26, 2018
Influenza Vaccine ⓘ	--	High	Seasonal	SEP 01, 2018

All recommendations are shown for the category above. [Show only Favorites](#) [Manage Favorites](#)

# Finish with Medicare Visit Dyn Doc



**Initiating Author:**

**Primary Care Physician** - TEST MD, PROVIDER

**Chief Complaint**

**Assessment/Plan**  
 This Visit Diagnoses  
 Encounter for general adult medical examination without abnormal findings  
 Counseled on healthy diet and exercise; goals reviewed.  
 Immunizations and screening tests reviewed and updated.

**History of Present Illness**

**Review of Systems**

**Physical Exam**  
 Vitals & Measurements

**Medicare Wellness Assessments**

**Functional Assessment**  
 ADL Index Score: 12 (08/22/18 08:53:00 EDT)  
 Bathing ADL Index: Independent (2) (08/22/18 08:53:00 EDT)  
 Continence ADL Index: Independent (2) (08/22/18 08:53:00 EDT)  
 Dressing ADL Index: Independent (2) (08/22/18 08:53:00 EDT)  
 Feeding ADL Index: Independent (2) (08/22/18 08:53:00 EDT)  
 Toileting ADL Index: Independent (2) (08/22/18 08:53:00 EDT)  
 Transferring Bed or Chair ADL Index: Independent (2) (08/22/18 08:53:00 EDT)

**Fall Risk Assessment**

Event Name	Event Result	Date/Time
STEADI-Feels unsteady standing/walking	No	08/22/18 08:53:00 EDT
STEADI-Fell in past year	0 Falls	08/22/18 08:53:00 EDT
STEADI-Worries about falling	No	08/22/18 08:53:00 EDT
STEADI Fall Risk Update	Yes	08/22/18 08:53:00 EDT

**Home Safety Screen**

Event Name	Event Result	Date/Time
Aware of Smoking Dangers	Yes	08/22/18 08:53:00 EDT
Electrical Cord Safety	Yes	08/22/18 08:53:00 EDT

Choosing this Dyn Doc implies you did diet/exercise counseling- (if you didn't do this, choose an OFFICE VISIT Dyn Doc and DO NOT CHARGE an AWW!)

Medicare Data automatically populates

**Problem List/Past Medical History**  
 Ongoing  
 Chronic obstructive airway disease  
 Lyme disease  
 Migraine aura without headache  
 Nicotine dependence, cigarettes, uncomplicated  
 Comments: Tried Chantix 2009, had bad nightmares, could not join support group at IFM.  
 Sinusitis  
 Tick bite of groin  
 Historical  
 No qualifying data

**Procedure/Surgical History**  
 • Myringectomy (2015)  
 • Hernia repair (1988)

**Medications**  
 Ocuvite, 1 TAB, PO, Daily  
 Singulair 4 mg oral tablet, chewable, 4 mg= 1 TAB, CHEWED, Every PM  
 Synthroid, 100 mcg, PO, Daily

**Allergies**  
 Ancef (Anaphylactic reaction)

**Social History**  
 Employment/School  
 Status: Student. Work/School description: 2nd grade Pine Street., 08/24/2018  
 Exercise  
 Exercise type: Running, Swimming., 08/24/2018  
 Home/Environment  
 Lives with Father, Mother. Living situation: Home/Independent. Apartment Home type:., 08/24/2018  
 Nutrition/Health  
 Diet: Bottle, Breast., 08/24/2018  
 Tobacco  
 Use: patient exposed to second hand smoke - mother outside. Type: Cigarettes., 08/24/2018

**Family History**  
 Anxiety: Mother.  
 Cardiovascular disease...: Mother and Family.  
 Deep vein thrombosis...: Negative: Mother.  
 Heart attack...: Mother.  
 Heart failure...: Mother.  
 Hyperlipidemia...: Negative: Mother.  
 Palpitations...: Mother.

**Immunizations**  
 Immunizations  
 No Immunizations Documented This Visit

Health Maintenance Recommendation	Last Done	Frequency	Next Due	Additional Information
AMB Joint Practice Protocol		1 YR		
Adult Wellness		1 YR		
BMI Management		6 Month		
Breast Cancer Screening		24 Month		
COPD Maintenance - COPD Medications				

# Amb.Visit Summary includes “5-10 year plan” for Health Maintenance

TESTING, AMBOP19 myEMHSHealth:Never Invited Age:53 years DOB: Amb  
 Allergies: Ancef Gender:Female  
 No XDocs

Tahoma 9

## Education Materials

### Prevention Guidelines, Women Ages 65 and Older

Screening tests and vaccines are an important part of managing your health. Health counseling is essential, too. Below are guidelines for

Screening	Who needs it	How often
Type 2 diabetes or prediabetes	All adults beginning at age 45 and adults without symptoms at any age who are overweight or obese and have 1 or more additional risk factors for diabetes	At least every 3 years
Alcohol misuse	All women in this age group	At routine exams
Blood pressure	All women in this age group	Every 2 years if your blood pressure is less than 120/80 mm Hg; yearly if your systolic blood pressure is 120 to 139 mm Hg, or your diastolic blood pressure reading is 80 to 89 mm Hg
Breast cancer	All women in this age group	Yearly mammogram and clinical breast exam <sup>1</sup>
Cervical cancer	Only women who had abnormal screening results before age 65	Talk with your healthcare provider
Chlamydia	Women at increased risk for infection	At routine exams
Colorectal cancer	All women in this age group <sup>1</sup>	Flexible sigmoidoscopy every 5 years, or colonoscopy every 10 years, or double-contrast barium enema every 5 years; yearly fecal occult blood test or fecal immunochemical test; or a stool DNA test as often as your healthcare provider advises; talk with your healthcare provider about which tests are best for you
Depression	All women in this age group	At routine exams
Gonorrhea	Sexually active women at increased risk for infection	At routine exams
Hepatitis C	Anyone at increased risk; 1 time for those born between 1945 and 1965	At routine exams
High cholesterol or triglycerides	All women in this age group who are	At least every 5 years