

**Health Risk Assessment for
Medicare Wellness Visit**

Print Name: _____ DOB: ___/___/___ Today's date ___/___/___

GENERAL HEALTH

- How would you rate your overall health during the past 4 weeks?

<input type="checkbox"/> Excellent	<input type="checkbox"/> Fair
<input type="checkbox"/> Very Good	<input type="checkbox"/> Poor
<input type="checkbox"/> Good	
- How have things been going for you during the past 4 weeks?

<input type="checkbox"/> Very well, could hardly be better
<input type="checkbox"/> Pretty well
<input type="checkbox"/> Good and bad parts about equal
<input type="checkbox"/> Fair
<input type="checkbox"/> Poor
- During the past 4 weeks has your physical or emotional health limited your social activities with family, friends or others?

<input type="checkbox"/> Not at All	<input type="checkbox"/> Quite a Bit
<input type="checkbox"/> Slightly	<input type="checkbox"/> Extremely
<input type="checkbox"/> Moderately	
- Is there someone who would help you if you become sick or disabled?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Name _____
Relationship _____

EMOTIONAL

Over the past 2 weeks how often have you been bothered by any of the following?	Not at all	Several Days	More than half the days	Nearly every day
Little interest of pleasure in doing things	0	1	2	3
Feeling down, depressed or hopeless	0	1	2	3

PHYSICAL

- How much bodily pain have you had over the past 4 weeks?

<input type="checkbox"/> No pain	<input type="checkbox"/> Moderate pain
<input type="checkbox"/> Mild pain	<input type="checkbox"/> Severe pain
- Do you have problems with:

Vision	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hearing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- During the past 4 weeks, how often have you had any of the following problems?

	NEVER	SELDOM	SOMETIMES	OFTEN	ALWAYS
Falling or dizziness					
Sexual problems					
Trouble eating well					
Teeth or denture problems					
Problems using the telephone					
Tiredness of fatigue					

ACTIVITIES OF DAILY LIVING

- During the past 4 weeks, did you need help from others to perform everyday activities such as eating, dressing, grooming, bathing or using the toilet?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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- During the past 4 weeks did you need help from others to go shopping, prepare meals, clean your house, manage your money or take medication?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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- Do you have problems with transportation?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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4. Are you currently working?

Yes No

5. What kind of work do/did you do? _____

Thinking about Advance Care Planning

If you become unable to make or communicate medical treatment decisions, due to illness or accident, your loved ones and those caring for you will need to know about your values and wishes in making decisions on your behalf. That's why it's important to write an Advance Directive or Living Will.

Completing an advance directive form isn't about medical treatments or legal rights. It's about making you the decision maker if you cannot communicate your wishes and sharing your values about what makes your life worth living.

Some people find these questions helpful to think about their values and wishes:

If I am in this situation:	I would want to continue living like this	I'm not sure	I would not want to continue live like this
No matter how sick or debilitated I become I believe life is always worth living			
Cannot understand what I read or cannot carry on a conversation for the rest of my life due to dementia or brain injury			
Need to stay in a nursing home for the rest of my life			
Need someone to take care of me (bathing, feeding, using the bathroom, getting dressed) for the rest of my life			
Can't go out on my own for the rest of my life			

There are no right or wrong choices. What matters most is that you have taken the time to make choices and explain them to your loved ones. Advanced Care Planning is your communication tool.

Your Advanced Care Plan will always be followed however you can change or revoked it at any time. It is a good idea to periodically review your Advanced Care Plan with your loved ones and your health care team.

Please ask your health care provider for more information on completing an Advanced Care Plan. If you have completed an Advance Directive or Living Will (legal terms for these documents) may we please have a copy for your electronic medical record? We want your team to understand your values and wishes and honor them.