Affiliated Partners

Independent Physician Association

ANNUAL PHYSICAL EXAMINATION

PATIENT NAME:		**PATIENT ID #:**		**DATE:**	___/___/___
				DOB:	
PCP NAME:				**GENDER:**	

Medical Assistant to complete

VITAL SIGNS

Allergies: _____ Height:_____ Weight:_____ BMI:_____ GFR: _____

O2 Sat _____ % Oxygen Use: ☐ Y ☐ N RR: _____ HR: _____ BP: _____ Temp.: _____

Check the Appropriate "BMI" Code:

☐ BMI < 19 (Z68.10); ☐ BMI 20.0-20.9 (Z68.20); ☐BMI 21.0-21.9 (Z68.21); ☐BMI 22.0-22.9 (Z68.22);

☐ BMI 23.0-23.9 (Z68.23); ☐BMI 24.0-24.9 (Z68.24); ☐BMI 25.0-25.9 (Z68.25); ☐BMI 26.0-26.9 (Z68.26); ☐BMI 27.0-27.9 (Z68.27);

☐ BMI 28.0-28.9 (Z68.28); ☐BMI 29.0-29.9 (Z68.29); ☐BMI 29.0-29.9 (Z68.29); ☐BMI 30.0-30.9 (Z68.30); ☐BMI 31.0-31.9 (Z68.31); ☐BMI 32.0-32.9 (Z68.32)

☐ BMI 33.0-33.9 (Z68.33); ☐BMI 34.0-34.9 (Z68.34); ☐BMI 35.0-35.9 (Z68.35); ☐BMI 36.0-36.9 (Z68.36); ☐BMI 37.0-37.9 (Z68.37); ☐BMI 38.0-38.9 (Z68.38)

☐ BMI 39.0-39.9 (Z68.39); ☐BMI 40.0-40.9 (Z68.41); ☐BMI 45.0-45.9 (Z68.42); ☐BMI 50.0-50.9 (Z68.43); ☐BMI 60.0-69.0 (Z68.44); ☐BMI 70 or greater (Z68.45)

Check the Appropriate "Blood Pressure" Procedures (SBP =Systolic BP; DBP =Diastolic BP):

☐ SBP < 130 (3074F); ☐ SBP 130-139 (3075F); ☐ SBP 140 or over (3077F); ☐ DBP < 80 (3078F); ☐ DBP 80-89 (3079F); ☐ DBP 90 or over (3080F)

Medical Assistant to complete questions 1-9 — Physician to score

DEPRESSION SCREEN (PHQ9)

	Over the last 14 days, how often have you been bothered by any of the following problems?	0	1 to 6	7 to 11	12 +
1	Little interest or pleasure in doing things	0	1	2	3
2	Feeling down, depressed or hopeless	0	1	2	3
3	Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
4	Feeling tired or having little energy	0	1	2	3
5	Poor appetite or overeating	0	1	2	3
6	Feeling bad about yourself, feeling that you are a failure, or feeling that you have let yourself or your family down	0	1	2	3
7	Trouble concentrating on such things as reading the newspaper or watching TV	0	1	2	3
8	Moving or speaking so slowly that other people could have noticed or the opposite, being so fidgety or restless that you have been moving around a lot more than usual.	0	1	2	3
9	Thinking that you would be better off dead or that you want to hurt yourself in some way	0	1	2	3

Diagnosis Guide

Total Score: Depression Severity:

1 – 4 Minimal depression
5 – 9 Mild depression
10 – 14 Moderate depression
15 – 19 Moderately severe depression - **Refer to Case Management**
20 – 27 Severe depression - **Refer to Case Management**

Total Score _
Total circled numbers

Unable to complete the depression assessment due to:
☐ Unresponsive ☐ Uncooperative ☐ Severe Dementia ☐ Patient Refused ☐ Other (explain below)

On Treatment for Depression? Yes ☐ No ☐

Additional Notes/Comments:

Medical Assistant to complete

URINARY INCONTINENCE: SCREENING QUESTIONS

* New Patient: In the past 12 months, have you:

* Established Patient: Since your last visit here, have you:

☐ Had a problem with urinary incontinence (or your bladder) that is bothersome enough that you would like to know more about how it could be treated

☐ Refer to Incontinence Program

☐ Issue with supply forward to UM Department

CURRENT MEDICATIONS (Prescription and Over-The-Counter medicine): Include Over-the-Counter and Herbal Medications **Attach a page if more space is needed**

#	Drug	Dose	Route	Frequency
1				
2				
3				
4				
5				

Check both the "Medication List" and "Medication Review" Codes: ☐ Medication List (1159F); ☐ Medication Review (1160F)

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				DOB:	

Medical Assistant to complete

FUNCTIONAL ASSESSMENT		Independent	Dependent	Comments
Ability to Take Medications		☐	☐ Min ☐ Mod ☐ Max ☐ Total Care	
Feeding:		☐	☐ Fed ☐ PEG ☐ NG	
Grooming:		☐	☐ Min ☐ Mod ☐ Max ☐ Total Care	
Toileting:	Bladder:	☐ Continent	☐ Incontinent ☐ Refer to Incontinence Program	
	Bowel:	☐ Continent	☐ Incontinent ☐ Issue with supply forward to UM Dept	
Ambulation:		☐	☐ Cane ☐ Walker ☐ W/C ☐ Geri-Chair ☐ Bed	
Comments:				

Check the "Functional Status Assessment" Code: ☐1170F (Functional Status Assessment)

Medical Assistant to complete

PAIN ASSESSMENT				
Do you have pain?	☐ No	☐ Yes	If yes, Location:	
Intensity (circle one)	Scale: 0 1 2 3 4 5 6 7 8 9 10 None Moderate Severe			
How long?				
What do you take to help?				
Comments:				

Check at least one appropriate "Pain Screening"

☐ Plan of care to address pain documented (0521F); ☐ Pain severity quantified, Pain Present (1125F); ☐ Pain severity quantified, NO Pain present (1126F

Physician to complete

FALL RISK ASSESSMENT (Assess the below given Functions)	Yes	If Yes, Specify	No	Comments
High Risk for Fall				
Cognitive Impairment				
Plan:				
Housing assessment needed? ☐ Yes ☐ No	If yes, order review from Brand New Day (refer to Case Management).			

Physician to complete

HISTORY	
ALCOHOL / TOBACCO DRUGS RISK SCREEN	Have you ever smoked cigarettes, a pipe or cigars or chewed tobacco? ☐ Yes ☐ No If Yes, how much and for how long? _____ Do you ever drink alcohol? ☐ Yes ☐ No If Yes, how much? _____ Have you ever used any street drugs or taken prescription medications that were not prescribed for you? ☐ Yes ☐ No If Yes, what drugs/meds? _____ For how long? _____
PERSONAL HISTORY	Marital Status: ☐ Married ☐ Single ☐ Divorced Advance Directive ☐ Yes ☐ No
PAST SURGICAL HISTORY	

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				DOB:	

Physician to complete

If system deferred, check here	PHYSICAL EXAM (Please complete thoroughly each section unless exam component was deferred)			
		Normal	Abnormal	Describe Finding
☐	GENERAL			
☐	HEAD			
☐	EYES			
☐	ENT			
☐	NECK			
☐	RESP			
☐	CV			
☐	CHEST / BREAST			
☐	GI			
☐	GU			
☐	LYMPH			
☐	MS			
☐	SKIN			
☐	PSYCH			
☐	NEURO			
OTHER LAB RESULTS (state specific findings & add diagnosis to assessment/plan)				
OTHER XRAY RESULTS (state specific findings & add diagnosis to assessment/plan)				

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				DOB:	

Physician to complete

PREV					
SCREENING CHECKLIST	**COMPLETED YES**	**NO**	**N/A**		**ORDERED**
Flu Vaccine in current season					
Patients 65 yrs. and older: Pneumococcal vaccine					
Patients 50 yrs. and older: ☐ Flex Sig in last 5 years					
☐ Colonoscopy in last 10 years					
☐ Fecal occult blood in current year					
Patients 65 yrs. and older: Glaucoma test by ophthalmologist or optometrist					
Male Only					
Lipid disorder screening					
Abdominal aortic aneurysm screening after 55 years old					
Female Only					
Women 50-74 yrs. and older: Mammogram in current or prior year					
Women with bone fracture in last 6 months: Bone density test OR on medication to treat or prevent osteoporosis.					
Patient with Cardiovascular Disease					
Patients with cardiovascular conditions in current or prior year. ---Lab test for LDL-C in current year ---Most current LDL-C value in current year in <100mg/dL					
Patient with Diabetes					
Lab test for HbA1c in current year ---Most current HbA1c value is <8.0%					
Retinal eye exam in current year					
Lab test for LDL-C in current year ---Most current LDLC value is 100 mg/dL					
Most current blood pressure is <150/80					
Microalbumin test in current year OR patient on ACE or ARB					
Patient with Rheumatoid Arthritis					
Patients with diagnosis of RA should be on DMARD					
Patient with COPD					
Spirometry test to confirm diagnosis within 1 year of diagnosis					
Patient on Certain Medications					
Patient ACE inhibitor or ARB OR diuretics OR Digoxin for 6 months or more in current year have these labs: Potassium_____AND BUN_____OR Creatinine					
Patients on Anticonvulsants for 6 months or more should have a lab blood level of that medication.					
Patient with Hypertension					
Most current blood pressure in current year is <140/90					
60 years +, Non Diabetic <150/90					
Other Needed Services					

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				DOB:	

Physician to complete

IMPRESSION / PLAN		
DIAGNOSIS DESCRIPTION	**STATUS OF DIAGNOSIS**	**PLAN OF CARE / CURRENT RX**
	☐ Stable ☐ Declining ☐ End Stage	
	☐ Stable ☐ Declining ☐ End Stage	
	☐ Stable ☐ Declining ☐ End Stage	
	☐ Stable ☐ Declining ☐ End Stage	
	☐ Stable ☐ Declining ☐ End Stage	
	☐ Stable ☐ Declining ☐ End Stage	
	☐ Stable ☐ Declining ☐ End Stage	
	☐ Stable ☐ Declining ☐ End Stage	
	☐ Stable ☐ Declining ☐ End Stage	
DIABETIC DIAGNOSIS	**STATUS OF DIAGNOSIS**	**PLAN OF CARE / CURRENT RX**
☐ Diabetes	☐ Stable ☐ Declining ☐ End Stage	
☐ Diabetic Nephropathy	☐ Stable ☐ Declining ☐ End Stage	
☐ Diabetic Neuropathy	☐ Stable ☐ Declining ☐ End Stage	
☐ Diabetic Peripheral Angiopathy	☐ Stable ☐ Declining ☐ End Stage	
☐ Diabetic Retinopathy	☐ Stable ☐ Declining ☐ End Stage	
☐ CKD due to Diabetes	☐ Stable ☐ Declining ☐ End Stage	
☐ Diabetic PVD	☐ Stable ☐ Declining ☐ End Stage	
☐ ESRD due to Diabetes	☐ Stable ☐ Declining ☐ End Stage	
DIAGNOSIS DESCRIPTION	**STATUS OF DIAGNOSIS**	**PLAN OF CARE / CURRENT RX**
☐ CHF	☐ Stable ☐ Declining ☐ End Stage	☐ Echo – EF:_____ ☐ ACE Inhilator: _____
☐ COPD	☐ Stable ☐ Declining ☐ End Stage	☐ Spirometry Resoults: FEV:_____

FOLLOW UP VISIT:

PATIENT EDUCATION:				
☐ Advance Directives	☐ Asthma	☐ Breast Self Exam	☐ Cholesterol	☐ Diabetes
☐ Diet	☐ Exercise	☐ Family Planning	☐ Hypertension	☐ Immunizations
☐ Medications	☐ Obesity	☐ Medication Adherence	☐ STD's	☐ Substance Abuse
☐ Testicular Self Exam	☐ Tobacco Cessation	☐ Tuberculosis	☐ Fall Prevention	☐ Other

Check at least one appropriate "Advance Care Plan" code:

☐ Advanced Care Plan or other legal document present in medical record (1157F); ☐ Advanced Care Plan discussion documented in medical record (1158F)

Print Provider Name:_____ Print Group Name: _____

Provider Signature:_____ (check one) ☐ MD ☐ DO ☐ NP ☐ PA

Reminder to check all of the following condition codes in the HRA form and also submit these in the CMS 1500 form:

BMI; Blood Pressure (SBP and DBP); Medication List and Medication Review; Functional Status Assessment; Pain Screening;, Advance Care Plan