

A Northside Network Provider

(must be viewed by physician, signed and dated)

Patient's name: _____ Date of Birth: _____

Medicare B eligibility date: _____ Today's date: _____

Please complete this checklist before seeing your doctor or nurse. Your responses will help you receive the best health and health care possible.

1. During the past four weeks, has your physical and emotional health limited your social activities with family, friends, neighbors, or groups?
 Not at all
 Slightly
 Moderately
 Quite a bit
 Extremely
2. During the past four weeks, how much bodily pain have you generally had?
 No pain
 Very mild pain
 Mild pain
 Moderate pain
 Severe pain
3. During the past four weeks, was someone available to help you if you needed and wanted help? (For example, if you felt very nervous, lonely or blue; got sick and had to stay in bed; needed someone to talk to; needed help with daily chores; or needed help just taking care of yourself.)
 Yes, as much as I wanted
 Yes, quite a bit
 Yes, some
 Yes, a little
 No, not at all
4. During the past four weeks, what was the hardest physical activity you could do for at least two minutes?
 Very heavy
 Heavy
 Moderate
 Light
 Very light
5. Can you get to places out of walking distance without help? (For example, can you travel alone on buses, taxis, or drive your own car?) Yes No
6. Can you go shopping for groceries or clothes without someone's help? Yes No
7. Can you prepare your own meals? Yes No
8. Can you do your housework without help? Yes No
9. Because of any health problems, do you need the help of another person with your personal care needs such as eating, bathing, dressing, or getting around in the house? Yes No
10. During the past four weeks, how would you rate your health in general?
 Excellent
 Very good
 Good
 Fair
 Poor

11. How have things been going for you during the past four weeks?
- Very well, could hardly be better Pretty bad
 Pretty well Very bad; could hardly be worse
 Good and bad parts, about equal
12. Are you having difficulties driving your car?
- Yes, often No
 Sometimes Not applicable, I do not use a car
13. Do you always fasten your seat belt when you are in a car?
- Yes, usually
 Yes, sometimes
 No
14. How often during the past four weeks have you been *bothered* by any of the following problems?

Please indicate with: Never, Seldom, Sometimes, Often or Always

Sexual problems _____
 Trouble eating well _____
 Teeth or denture problems _____
 Problems using the telephone _____
 Tiredness or fatigue _____

15. Have you fallen two or more times in the past year? Yes No
16. Are you afraid of falling? Yes No
17. Do you exercise for about 20 minutes three or more days a week?
- Yes, most of the time
 Yes, some of the time
 No, I usually do not exercise this much
18. Have you been given any information to help you with the following:
- Hazards in your house that might hurt you? Yes No
 Keeping track of your medications? Yes No
19. How often do you have trouble taking medicines the way you have been told to take them?
- I do not have to take medicine Sometimes I take them as prescribed
 I always take them as prescribed I seldom take them as prescribed
20. How confident are you that you can control and manage most of your health problems?
- Very confident Not very confident
 Somewhat confident I do not have any health problems

Thank you very much for completing your Medicare Wellness Checkup. Please give the completed checkup to your doctor or nurse.

Provider signature: _____ Date: _____



A Northside Network Provider

English - Spanish

Patient's name: _____ Date of Birth: _____

Medicare B enrollment date: _____ *

Today's date: _____

Health Risk Assessment has been reviewed by physicians, signed and dated: Initial _____

MEDICAL/SOCIAL HISTORY

Past personal illnesses or injuries:

Injury/Illness/Surgery	Date	Hospitalized? (Indicate Yes or No)

Medications, supplements and vitamins:

Drug allergies/other allergies:

Social history notes (including diet, physical activities, alcohol use, drug use and tobacco use):

Family history notes:

	Mother	Father	Brother	Sister	Son	Daughter
Deceased						
Hypertension						
Stroke						
Diabetes						
Kidney disease						
Heart disease						
Cancer						
Other						

Other physicians and providers/suppliers of care (include provider name, specialty & type of care)

DEPRESSION SCREEN**

Over the past 2 weeks, how often have you been bothered by any of the following problems?

Table with 5 columns: Not At all, Several Days, More Than Half the Days, Nearly Every Day. Rows 1 and 2 describe symptoms like 'Little interest or pleasure in doing things' and 'Feeling down, depressed or hopeless'.

Further evaluation is required if the patient answers anything other than Not at All on Depression Screen. Use form: Depression Screening PHQ-9 (PP0012)

ALCOHOL/DRUG SCREEN**

Are you currently in recovery for alcohol or substance use? Yes No

MEN: How many times in the past year have you had 5 or more drinks in a day? None 1 or more

WOMEN: How many times in the past year have you had 4 or more drinks in a day? None 1 or more

Recreational drugs include methamphetamines (speed, crystal), cannabis (marijuana, pot), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin).

How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons? None 1 or more

Further evaluation is required if the patient answers 1 or more on the Alcohol/Drug Screen. Use form: Alcohol Screening AUDIT (PP1083) or Drug Screening DAST (PP1082)

TO BE COMPLETED WITH THE PROVIDER

PHYSICAL EXAMINATION

Height: Weight:

Blood Pressure: BMI:

Visual Acuity (IPPE only):

Table with 3 columns: Visual Acuity, With Correction, Without correction. Rows L, R, Both.

FUNCTIONAL ABILITY/SAFETY SCREEN**

- 1. Was the patient's timed Up & Go test unsteady or long than 30 seconds? Yes No
2. Do you need help with the phone, transportation, shopping, preparing meals, housework, laundry, medications or managing money? Yes No
3. Does your home have rugs in the hallway, lack grab bars in the bathroom, lack handrails on the stairs or have poor lighting? Yes No
4. Have you noticed any hearing difficulties? Yes No

Further evaluation is required if the patient answers Yes on Functional Ability/Safety Screen. Use form: Fall Prevention Checklist (PP0011)

EVALUATION OF COGNITIVE FUNCTION

Mood/Affect:

Appearance:

Family member/Caregiver input:

ELECTROCARDIOGRAM (G0403-EKG) – Only at the time of the IPPE

Referral or result:

EVALUATIONS/REFERRALS BASED ON HISTORY, EXAM AND SCREENING:

Empty box for evaluations/referrals based on history, exam and screening.

DISCUSSION OF ADVANCE DIRECTIVE (PATIENT PREFERENCE, PHYSICIAN AGREEMENT/DISAGREEMENT-if patient consents):

Empty box for discussion of advance directive.

Reviewed medical and family history for opioid use and if applicable, patient was assessed for non-opioid pain therapy replacement.

Physician's signature: Date: Time:

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English - Spanish

Northside Hospital offers a full range of outpatient services.

Cancer Screenings

& Diagnostics:

Northside hospital Northside Hospital understands the importance of education and screening in the early detection and successful treatment of cancer. We offer annual screenings and special community outreach programs designed to reach individuals who are at a higher risk for cancer and are most in need. Learn more at www.northside.com/Cancer-Screening-Diagnostics

Diabetes Education:

Northside's outpatient diabetes education program is recommended for newly diagnosed patients as well as those whose diabetes control needs improvement. The program is available on an individual basis or in small group settings at each Northside campus. For more information, please visit www.northside.com/diabetes or call:

- **Atlanta**
404-851-6023
- **Alpharetta**
404-851-6023
- **Cumming**
404-851-6023
- **Duluth**
678-312-6040
- **Lawrenceville**
678-312-6040
- **Woodstock**
678-388-6400

Health Screenings:

At Northside, our goal is to help you live healthier lives and prevent disease. Throughout the year, we offer health screenings at a variety of convenient locations throughout the communities we serve. Some screenings may be free or at low cost to those who qualify.

www.northside.com/healthscreenings

www.everydaywellness.org/community-health/community-health-home

Nutrition Services:

Weight management and nutrition services designed to help you achieve optimal health and feel your best. For more information, please call 404-236-8036 or visit www.northside.com/nutrition

Smoking Cessation:

As part of our comprehensive approach to prevention and early detection, Northside offers a Smoking Cessation Program to help individuals quit smoking. For more information,

404-780-7653 www.northside.com/smoking-and-tobacco-resources

678-312-5000 www.gwinnettmedicalcenter.org/services/respiratory-care/smoking-cessation

Community Resources

Agency on Aging: The Georgia area local Agency on Aging can help you find information about transportation services, Meals on Wheels, classes on healthy living and more.

- **Region 2 Counties:** Banks, Dawson, Forsyth, Franklin, Habersham, Hall, Hart, Lumpkin, Rabun, Stephens, Towns, Union and White
Phone: 770-538-2650 www.legacylink.org
- **Region 3 Counties:** Cherokee, Clayton, Cobb, Dekalb, Douglas, Fayette, Fulton, Gwinnett, Henry and Rockdale
Phone: 404-463-3333 www.empowerline.org

Georgia Department of Public Health: The Georgia Department of Public Health (DPH) is the lead agency in preventing disease, injury and disability; promoting health and well-being; and preparing for and responding to disasters from a health perspective.

Phone: 404-657-2700 dph.georgia.gov

Tobacco quit line of Georgia: 1-877-270-STOP dph.georgia.gov/ready-quit

United Way: Offers assistance in areas of health, education and many more.

- Greater Atlanta & Cherokee: 404-527-7200 www.unitedwayatlanta.org
- Forsyth: 770-781-4110 www.unitedwayforsyth.com
- Gwinnett: 404-527-5935 www.unitedwayatlanta.org/county/gwinnett-county

YMCA: Offers physical activities, self-management programs, and more at many YMCA locations.
www.ymcaatlanta.org/programs-for-adults Locations: www.ymcaatlanta.org/locations

Metro Atlanta:

- Cowart Family YMCA
Phone: 770-451-9622
- Carl E. Sanders Family YMCA
Phone: 404-350-9292

Cherokee County:

- G. Cecil Pruett Community Center Family YMCA
Phone: 770-345-9622
- Cherokee Outdoor YMCA
Phone: 770-345-9622

Forsyth County:

- Forsyth County Family YMCA
Phone: 770-888-2788

Gwinnett County:

- JM Tull Gwinnett Family YMCA
Phone: 770-963-1313
- Robert D. Fowler Family YMCA
Phone: 770-246-9622