Medicare Health Risk Assessment

In order for Medicare to pay for a wellness visit, the patient MUST complete a Health Risk Assessment form. Please take the time to fill it out prior to your visit. If you need assistance, our staff will be happy to help you.

Name: _____ Date of Birth:_____

In general would you say your health is:

◯ Excellent ◯ Very Good ◯ Fair ◯ Poor

EXERCISE:

Do you exercise regularly? ◯ YES ◯ NO

If yes, please describe below.

Type: _____ How Often: _____

DIET:

In an average week, how many ½ cup servings of the following do you eat?

Fruits _____ Vegetables _____

In an average week, how many 4 ounce servings of the following do you eat?

Red Meat (Beef/Pork) _____ Chicken _____ Fish _____ Fried Foods _____

In an average week, how many servings of dairy do you eat?
(1 cup milk, 1.5 oz natural cheese, 1 oz processed cheese, 6 oz yogurt, ½ cup ice cream)

Dairy _____

ALCOHOL:

Do you drink alcohol? ◯ YES ◯ NO

If yes, please describe below.

How many drinks per day?_____ or per week?_____

ILLEGAL DRUG USE:

Do you currently, or have you in the past, used illegal drugs? ◯ YES ◯ NO
If yes, please describe below.

_____

Piedmont PHYSICIANS

TOBACCO:

Do you currently smoke? ◯ YES ◯ NO

If yes, how much?_____

Have you smoked in the past? ◯ YES ◯ NO

If yes, when did you quit?_____

Do you currently, or have you in the past chewed tobacco or used snuff?

◯ YES ◯ NO

FUNCTIONAL EVALUATION:

Do you need help with bathing, dressing, walking, shopping, preparing meals, housework, medications, or managing money?

◯ YES ◯ NO

Do you have rugs at home, lack grab bars in the bathroom, lack hand rails on the stairs or have poor lighting?

◯ YES ◯ NO

SELFCARE:

Do you have a problem with your vision? ◯ YES ◯ NO

Do you have a problem with your hearing? ◯ YES ◯ NO

Do you wear hearing aids? ◯ YES ◯ NO

Do you have a problem with your memory? ◯ YES ◯ NO

Do you have a living will? ◯ YES ◯ NO
(If yes, please bring a copy to your visit)

Do you have a medical power of attorney? ◯ YES ◯ NO
(If yes, please bring a copy to your visit)

List all other doctors, specialists, and healthcare providers rendering care:

_____

_____

_____

_____

_____

_____