

Patient: _____ DOB _____ Date: _____

ANNUAL WELLNESS VISIT: CPT G0438 or G0439 Last AWW: ___/___/___

VITALS:

Height	Weight
Temp	BP
BMI	Pulse

Update Medical & Family History:

Current Medical Providers – Approx. date last seen:

List of Current Medications

5 - 10 Year Screening Schedule:

Colonoscopy	Mammogram	PSA
Bone Density		

Personalized Health Advice – Referrals

COGNITIVE TESTING

Paper Mini Mental Status Exam Completed (Non Billable)

CANS-MCI Computerized Testing: 96103 96120 Screening – non Billable

Covered Medicare DX: _____ 906103 & 96120 Codes Billed

No Impairment MCI Further NeuroPsychological Testing Recommended

Performing AWW: _____ LVN RN NPP DR