## **ANNUAL WELLNESS VISIT AUDIT**

	G0438	G0439			
Patient:			DATE:		
Medicare: Part B		Part C			
Reason Fo	r Visit on Schedule:	AWV			
Performed	In person		Via Telepho	one	Via Audio/Video
Ву	whom?				
HR	A Updated	By:			
Update Individual medical & family history					
Upo	Update Individual med providers & ALL Prescriptions				
Red	Record Vitals including BMI				
Ass	Assess Cognitive Function Screen Method:				
Rev	Review current opioid rx (if appropriate)				
Screen for potential substance use disorders (SUDs)					
Opt	tional SDOH Risk Asse	ss (7/1/24)	Bille	d?	Minutes Documented (5)
Adv	anced Care Planning پر	performed same day			Minutes Documented (16
Cai	diovascular Behavior	Therapy?			Minutes Documented (7.5
Dep	oression Screen perfor	med?	Billed	d?	Minutes Documented (5)
Alc	ohol Misuse screen				Minutes Documented (5)
Prir	Printed 5-10 year Screening Schedule Given to Patient				
Upo	Update list risk factors for which primary, secondary & tertiary interventions  Provide Personalized printed health advice (as applicable)  Office Visit Billed on same day as AWV				
Pro					
Off					
Notes:					