

Annual Personalized Wellness Plan

Patient Name: **Diane Larson**
Date: **July 09, 2024**
Healthcare Provider: **Dr Marvin S Gardens,MD**

MRN: **991451377A**
Practice: **New River Family
Raleigh NC 27605**

Your personalized Wellness Plan is based on risk factors identified during your Annual Wellness Visit. Work with your doctor to complete each of the identified screenings and recommended counseling over the next 12 months to ensure you stay as healthy as possible. Speak with your Doctor if you have any questions about this plan.

Your Key Vital Signs

Age:	<u>82</u>	Blood Pressure:	<u>140 /90</u>
Weight:	<u>200 lbs</u>		
Height:	<u>65 inches</u>		
Body Mass Index (BMI):	<u>33</u>		

Medicare Recommended	Services	Code	Your Benefit/Guidelines	Needed
Immunizations/Vaccines	Pneumonia	G0009	1 dose age 65+	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Immunizations/Vaccines	Influenza	G0008	Annually	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Immunizations/Vaccines	Shingles	90736	As needed, if at risk	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Diabetes Screening	Blood test	82947	w/ sustained B/P >= 130/80	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Cholesterol Testing	Blood test	82465	As needed w/ risk factors	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Vision/Glaucoma Screening	Eye test	G0117	Every 2 years, age 40+	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sexually Transmitted Disease/HIV	Blood test	G0475	As needed per risk	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Osteoporosis	Bone density	76977	Routine	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Colorectal Cancer Screening	Colonoscopy	G0121	Every 5-10 years	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Breast Cancer Screening	Mammogram	G0202	Female, every 2 years	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Prostate Cancer Screening	PSA	G0103	Male, annually	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Social/Behavioral Screenings

Smoking/Tobacco Use	Counseling	99406	As needed, if at risk	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Alcohol Misuse Screening	Counseling	G0442	As needed, if at risk	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Substance Abuse Screening	Counseling	G0396	As needed, if at risk	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Cognitive Impairment Screening	Testing	96103	As needed, if at risk	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Depression Screening	Counseling	G0444	As needed, if at risk	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Your Additional Risk Factors

Weight/BMI	Counseling	G0447	As needed, if BMI out of limits	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Fall Risk/Mobility	Assessment	92541	As needed, if at risk	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Physical Activity/Exercise	Counseling	Varies	As needed, if at risk	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Nutrition/Diet	Counseling	G0270	As needed, if at risk	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Advance Care Planning

Advance Directives	Counseling	99497	As needed, requested	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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