

Annual Personalized Wellness Plan

Patient Name: **Diane Larson**

MRN: **991451377A**

Date: **July 09, 2024**

Practice: **New River Family**
Raleigh NC 27605

Healthcare Provider: **Dr Marvin S Gardens,MD**

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

| 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"/> |
|--------------------|------------|-------|----------------------|---|