

## **SLU Annual Medicare Wellness Visit**

Nursing Home \_\_\_\_\_

Name		DOB	_// Da	ate/	
Vital Signs: Ht	Wt B/P	/ Pulse	RR		
Pneumococcus Y / I	V/	Herpe PPD		<u>Date</u> //	
Active Diseases:		Medic	eations:		
1		1			
2.		2	2		
3		3			
4					
5					
6					
7					
PHQ 9 Hear	ring Impaired Y/N				
FRAIL Ceru	imen impacted Y /	N 10			
FRAIL NH Visi	on Impaired Y / N	11			
Pain Score Fall	s Y/N	12			
SARC-F Smo	oking Y/N				
SNAQ Wei		14			
RCS Adv	rance Directive Y	/ N			
A Scale to Identify Fra				_	
Fotigue	0 No	1 Yes	PHQ-9	_	
Fatigue Resistanc  (Transfer)	Independent	Set Up	Physical Help	-	
(Coloration Lation Cl)	Transfer	Бес бр	i nysicai ricip		
Ambulation	Independent	Assistive Device	Not Able	1	
Incontinence	None	Bladder	Bowel		
Loss of Weight	None				
Nutritional Approach	Regular Diet	Mechanically Altered	Feeding Tube		
Help with Dressing	Independent	Set Up	Physical Help		
Total			0-14		
Assessment: Patient had disabled. Pt and/or fami		Agree with findings. Pt	is cognitively intact	/ impaired, <u>not</u> frail, <u>not</u> falling, <u>not</u>	
Recommendations:					
	S	Signature		G0439	

4-15-2016