



HARRISONBURG FAMILY PRACTICE

The providers and staff at Harrisonburg Family Practice believe that good health is a shared responsibility. This is why we are proud and pleased to offer our Medicare patients the opportunity for an Annual Wellness Visit (AWV). This service is offered at no cost once per year. Medicare covers the full amount of this service and you will not be responsible for a copay.

The AWV is a special appointment focused on helping patients maintain or improve overall health. The goal of the visit is to screen for and help prevent issues that may impact one's ability to enjoy life and to remain independent. The visit encompasses many areas which may include:

- | | | |
|---------------------|---------------------|-----------------|
| cardiovascular risk | home safety | fall risk |
| cognitive function | preventive services | self-care needs |
| memory problems | hearing impairment | depression |
| advanced directives | | |

The visit is not a yearly physical exam. Your visit should last approximately 30 minutes. Please arrive 20 minutes prior to your appointment time as there is a brief information packet that need to be completed. If a family member or caregiver usually participates in your physician visits or healthcare, they are certainly welcome and encouraged to attend. Also, please bring a current, accurate medication list or all your medications in the original bottles if possible.

Upon arrival the specially trained wellness nurse will take your blood pressure, height, and weight. Your eyesight will be checked. Several other assessments will be conducted. Your health information and Health Risk Assessment (HRA) will be reviewed. At the end of your visit, you will receive a Personalized Prevention Plan. Upon completion of your visit the nurse will provide your information to your physician. This will be reviewed and you will be contacted if other actions need be taken. These actions may include scheduling a follow-up appointment or addressing new risks or conditions identified during the AWV.

NAME: _____ DATE: _____

Heath Risk Assessment (HRA)
Harrisonburg Family Practice

1. In general, how would you describe your health?

Excellent	Very Good	Good	Fair	Poor
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2. Do you have a caregiver or someone that helps you at home or with your health care needs?

No	Spouse	Son	Daughter
Other Relative:	Friend	Paid Caregiver	Other:

3. Which of the following, if any, do you need assistance with?

Dressing	Bathing	Walking	Toileting
Transferring	Feeding	Meal Preparation	Housework
Phone	Shopping	Transportation	Continence
Medication	Finances	Other:	None

4. Do you feel your home environment is safe?

Yes	No
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5. Are you having any have trouble taking your medication(s) the way you have been told to take them (including the ability to afford them)?

Yes	No
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6. Do you have any significant problems with memory loss or confusion or has anyone expressed a concern about either of these to you?

Yes	No
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7. Are you bothered by any vision problems?

Yes	No
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8. Are you bothered by any hearing problems?

Yes	No
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9. Are you bothered by any dental or teeth problems?

Yes	No
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10. Do you have any nutritional concerns?

Yes	No
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11. Do you exercise for 20 minutes three or more days a week?

Yes	No
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12. Do you wear your seat belt when you are in a motor vehicle?

Yes	No
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13. Do you or have you ever used tobacco products?

Yes	No
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14. Have you used an opioid containing pain medication in the past 6 months?

Yes	No
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15. Over the last 2 weeks, how often have you been bothered by feeling little interest or pleasure in doing things?

Not at all (0)	Several days (1)	More than half the days (2)	Nearly every day (3)
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16. Over the last 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?

Not at all (0)	Several days (1)	More than half the days (2)	Nearly every day (3)
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17. Have you fallen 2 or more times in the past year?

Yes	No
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18. Do you feel unsteady when standing or walking?

Yes	No
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19. Do you worry about falling?

Yes	No
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***If you do not drink any alcohol please skip the last 4 questions.**

20. Have you ever felt you should cut down on your drinking?

Yes	No
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21. Have people annoyed you by criticizing your drinking?

Yes	No
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22. Have you ever felt bad about your drinking?

Yes	No
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23. Have you ever had a drink first thing in the morning to steady your nerves or get over a hang over (eye-opener)?

Yes	No
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NAME: _____ DATE: _____

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Advance Care Planning (ACP)

(Do not need to read/complete if you are not interested in discussing ACP)

Healthcare is vitally important to everyone. Wherever you are, whatever the situation, you want to be sure you receive excellent medical treatment. But even more importantly, you want your medical choices to be understood and honored. The law guarantees your rights to make those decisions about your medical care, even when you are too sick or injured to make your wishes known. If you plan now, in advance, you can make sure your wishes are known, and that you get the kind of care you want and relieve your family of having to make difficult and stressful choices.

ACP is planning for care you would get if you become unable to speak for yourself. You can talk about an Advance Directive with your health care professional, and he or she can help you fill out the forms, if you want to. Voluntary ACP is a face-to-face service between you and a qualified health care professional discussing advance directives with or without completing relevant legal forms. An Advance Directive is a document in which you appoint a Healthcare Agent and/or record your wishes pertaining to your medical treatment at a future time if you cannot decide for yourself at that time.

A Healthcare Agent is an adult appointed by you to make healthcare decisions for you. This person speaks for you only when you can no longer speak for yourself. If you have made your wishes known through an ACP or have personally discussed your wishes with your healthcare agent, he or she is bound by law to make decisions in accordance with your wishes. If they do not know your wishes, they will make decisions they believe are in your best interest and that you would have made for yourself.

Other terms to be familiar with when discussing ACP:

- Cardiopulmonary Resuscitation (CPR) involves chest compressions, medications, electric shock, and a breathing tube connected to a mechanical ventilator. The risks and benefits of this treatment should be discussed with your physician with any change in your health or when you have a serious or life-limiting illness.
- Do Not Resuscitate Order (DNR) is a physician's order to withhold CPR from you in the event of cardiac or respiratory arrest. An ACP does not automatically become a DNR order. This must be discussed with, and implemented by your physician.
- Life-Prolonging Procedure is any medical procedure, treatment or intervention which uses mechanical or artificial means to support and prolong your life if you have no reasonable expectation of recovery and would serve only to prolong the dying process. The term includes artificially administered hydration and nutrition.

Yes, I am interested in further discussions regarding advanced care planning

No, I am not interested in further discussions regarding advanced care planning