

PREVENTIVE MEDICINE ASSESSMENT WITH PERSONALIZED HEALTH PLAN AND SCREENING SCHEDULE

Make one copy for patient and file original in chart.

ALL FIELDS REQUIRED	DATE OF SERVICE:	
PATIENT NAME:		DOB:
MEMBER ID #:	PLAN NAME:	

	SCREENING/COUNSELING	PATIENT CRITERIA	DATE ORDERED/ PERFORMED	COMMENTS/ EXCEPTIONS (PHYSICIAN ONLY)
<input type="checkbox"/>	VACCINATION SCHEDULE¹	Pneumococcal - Once after age 65 and if more than 5 years since last vaccination and / or uncertainty of vaccine status Influenza - Once per fall or winter season	____/____/____ ____/____/____	
<input type="checkbox"/>	BREAST CANCER SCREENING (Mammography)²	Annual screening mammography for all women \geq 40 years	____/____/____	
<input type="checkbox"/>	COLORECTAL CANCER SCREENING³	For all patients 50 and older: <ul style="list-style-type: none"> • Annual fecal occult blood test or • Colonoscopy every 10 years or flexible sigmoidoscopy every 5 years • Lower endoscopy to be performed more frequently, if advised by GI 	Type of screening: _____ ____/____/____	
<input type="checkbox"/>	CERVICAL CANCER SCREENING (For women \geq 65 years)⁴	Women over age 65 who have had regular screenings with normal results should not be screened for cervical cancer. Women who have been diagnosed with cervical pre-cancer should continue to be screened.	____/____/____	
<input type="checkbox"/>	PROSTATE CANCER SCREENING⁵	For men with average risk of prostate cancer and expected to live for at least another ten years, screening should be done at the age of 50 years. Screening should begin earlier for those at higher risk. Screening includes an annual digital rectal examination and/or prostate specific antigen test.	Type of screening: _____ ____/____/____	
<input type="checkbox"/>	CARDIOVASCULAR DISEASE SCREENING BLOOD TESTS⁶	Asymptomatic patients: every 5 years High-risk patients or patients treated for hypercholesterolemia to be screened more frequently: <ul style="list-style-type: none"> • Fasting lipid panel 	____/____/____ Results LDL-C: _____	
<input type="checkbox"/>	DIABETES SCREENING TESTS⁷ Eligible tests: Quantitative Urine Glucose, GTT, HbA1c	Patients with a BMI \geq 25 with other risk factors (physical inactivity; first-degree relative with diabetes; high-risk race/ethnicity (e.g., African American, Latino, Native American, Asian American, Pacific Islander); women who delivered a baby weighing $>$ 9 lb or were diagnosed with GDM; hypertension (\geq 140/90 mmHg or on therapy for hypertension); HDL cholesterol level $<$ 35 mg/dL and/or a triglyceride level $>$ 250 mg/dL; women with polycystic ovary syndrome; HbA1c \geq 5.7%, IGT, or IFG on previous testing; other clinical conditions associated with insulin resistance, history of CVD) should be screened annually. <ul style="list-style-type: none"> • In the absence of other risk factors, testing for diabetes should begin at age 45 years and, if results normal, repeated every 3 years 	Type of screening: _____ ____/____/____	
<input type="checkbox"/>	OSTEOPOROSIS SCREENING⁸	Every 24 months in patients with <i>at least</i> one of the conditions below: <ul style="list-style-type: none"> • In women who have had a long-bone or vertebral fracture should undergo assessment for osteoporosis and treatment of osteoporosis within 6 months of the fracture. • Women who are estrogen-deficient and at clinical risk for osteoporosis • Patients with vertebral abnormalities identified by x-ray • Patients receiving, or expected to receive, glucocorticoid therapy equivalent to an average of \geq 5.0mg of prednisone per day, for more than 3 months • Patients with known primary hyperparathyroidism 	BMM Result: ____/____/____ Medication/ Supplement Regimen: _____ _____ _____	
<input type="checkbox"/>	ULTRASOUND SCREENING FOR ABDOMINAL AORTIC ANEURYSM⁹	One time only benefit within the first twelve months of enrollment (ordered during the IPPE) for patients with the following risk factors: <ul style="list-style-type: none"> • Family history of AAA (Dx V17.49) • Men age 65-75 who smoked at least 100 cigarettes in their lifetime (Dx 305.1 or V15.82) 	____/____/____ Results: _____ _____ _____	
<input type="checkbox"/>	COUNSELING FOR TOBACCO CESSATION¹⁰	<ul style="list-style-type: none"> • For all tobacco users, including those who are asymptomatic. Also included are smoking cessation treatments prescribed by a physician. (Dx 305.1) • Two cessation counseling attempts (or up to eight cessation counseling sessions) are allowed every 12 months 	<input type="checkbox"/> APPLICABLE <input type="checkbox"/> NOT APPLICABLE	
<input type="checkbox"/>	COUNSELING ON NUTRITION¹⁰	<ul style="list-style-type: none"> • Assess and review protein, fat, simple sugar and fiber intake • Recommend that half of plate is filled with fresh fruit, raw or steamed vegetable per meal 	<input type="checkbox"/> Discussed with patient <input type="checkbox"/> Discussed with patient	

MEDICAL COUNSELING		RECOMMENDATION	CHECK ONE	DOCUMENT RECOMMENDATIONS GIVEN TO PATIENT
<input type="checkbox"/>	COUNSELING ON FALL PREVENTION¹⁰	<ul style="list-style-type: none"> Discuss if any falls over past 12 months 	<input type="checkbox"/> YES	
		<ul style="list-style-type: none"> Review high-risk medications (neuropsychiatric, opioid analgesic agents and cardiovascular medications) Review the medical necessity for any medications that fall into the American Geriatric Society's Beers Criteria¹¹ 	<input type="checkbox"/> YES	
		<ul style="list-style-type: none"> Assess living environment for lighting, hazards, assistive devices 	<input type="checkbox"/> YES	
<input type="checkbox"/>	COUNSELING ON EXERCISE¹⁰	Advise to start, increase, or maintain level of exercise in order to reach goal of 30 minutes of moderate activity <i>at least</i> 4 days per week	<input type="checkbox"/> Discussed with patient	
<input type="checkbox"/>	COUNSELING/ SCREENING FOR HIV¹²	Discuss risk of HIV in the elderly and consider HIV screening	<input type="checkbox"/> Patient counseled on HIV <input type="checkbox"/> HIV screening test ordered	
<input type="checkbox"/>	COUNSELING ON URINARY INCONTINENCE¹⁰	<ul style="list-style-type: none"> Review history of bowel and urinary incontinence and any recent changes in bowel habits and micturition Discuss bladder training, exercises, medication and surgery 	<input type="checkbox"/> APPLICABLE <input type="checkbox"/> NOT APPLICABLE	
<input type="checkbox"/>	DIABETES MANAGEMENT¹³ (for patients with known diabetes) <i>Consider education for all pre-diabetics</i>	<ul style="list-style-type: none"> Ophthalmology referral (every two years, more frequently if diagnosed with retinopathy) 	_____ / _____ / _____	
		<ul style="list-style-type: none"> Annual nephropathy screen 	eGFR: _____ Microalbuminuria: <input type="checkbox"/> Positive <input type="checkbox"/> Negative _____ / _____ / _____	
		<ul style="list-style-type: none"> Foot examination 	_____ / _____ / _____	
		<ul style="list-style-type: none"> HbA1c performed 	Result: _____ _____ / _____ / _____	
		<ul style="list-style-type: none"> Peripheral & autonomic neuropathy: Screen by history and vibratory sensation loss with 128 Hz tuning fork. 	Result: _____ _____ / _____ / _____	
		<ul style="list-style-type: none"> Lipid profile performed 	Total Chol _____ HDL _____ LDL _____ Triglyc _____ _____ / _____ / _____	
		<ul style="list-style-type: none"> Enroll in diabetes education course 	_____ / _____ / _____	

Provider Information			
Print Provider Name:		Group Name:	
Provider ID:		Tax ID Number:	
Provider Address:		City, State, Zip:	
Provider Signature:	_____ (check one) <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> Other _____		
Date:	_____ / _____ / _____		

1. Adapted from CDC. Table 6. Contraindications and precautions to commonly used vaccines. General recommendations on immunization: recommendations of the Advisory Committee on Immunization Practices. MMWR 2011;60(No. RR-2):40–41 and from Atkinson W, Wolfe S, Hamborsky J, eds. Appendix A. Epidemiology and prevention of vaccine preventable diseases. 12th ed. Washington, DC: Public Health Foundation, 2011. Available at: www.cdc.gov/vaccines/pubs/pinkbook/index.html.

2. "American Cancer Society Recommendations for Early Breast Cancer Detection in Women without Breast Symptoms." American Cancer Society. N.p., 28 Jan. 2014. Web. 18 Sept. 2014. <<http://www.cancer.org/cancer/breastcancer/moreinformation/breastcancerearlydetection/breast-cancer-early-detection-acs-recs>>.

3. "American Cancer Society Recommendations for Colorectal Cancer Early Detection." American Cancer Society. N.p., 6 June 2014. Web. 18 Sept. 2014. <<http://www.cancer.org/cancer/colonandrectumcancer/moreinformation/colonandrectumcancerearlydetection/colorectal-cancer-early-detection-acs-recommendations>>.

4. American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology Screening Guidelines for the Prevention and Early Detection of Cervical Cancer (<http://onlinelibrary.wiley.com/doi/10.3322/caac.21139/pdf>)

5. "American Cancer Society Recommendations for Prostate Cancer Early Detection." American Cancer Society. N.p., 25 Feb. 2014. Web. 18 Sept. 2014. <<http://www.cancer.org/cancer/prostatecancer/moreinformation/prostatecancerearlydetection/prostate-cancer-early-detection-acs-recommendations>>.

6. Medicare Learning Network: Cardiovascular Disease Services." Centers for Medicare & Medicaid Services. DEPARTMENT OF HEALTH AND HUMAN SERVICES, July 2012. Web. 18 Sept. 2014. <www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Cardiovascular-Disease-Services-Booklet-ICN907784.pdf>.

7. "Standards of Medical Care in Diabetes—2013." American Diabetes Association. N.p., 2013. Web. 18 Sept. 2014. <http://care.diabetesjournals.org/content/36/Supplement_1/S11.full>.

8. "Bone Mass Measurements (BMMs)." Centers for Medicare & Medicaid Services. Medicare Learning Network, 2013. Web. 11 May 2007. <<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM5521.pdf>>.

9. "Medicare Now Provides Coverage for Eligible Medicare Beneficiaries of a One-Time Ultrasound Screening for Abdominal Aortic Aneurysms (AAA) When Referred for This Screening as a Result of the Initial Preventive Physical Examination ("Welcome to Medicare" Physical Exam)." Centers for Medicare & Medicaid Services. Medicare Learning Network, 22 May 2013. Web. 18 Sept. 2014. <<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE0711.pdf>>.

10. Annual Wellness Visit (AWV), Including Personalized Prevention Plan Services (PPPS)." Centers for Medicare & Medicaid Services. Medicare Learning Network, 15 Feb. 2011. Web. 18 Sept. 2014. <<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7079.pdf>>.

11. "AGS Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults (2012)." The American Geriatrics Society. N.p., n.d. Web. 18 Sept. 2014. <http://www.americangeriatrics.org/health_care_professionals/clinical_practice/clinical_guidelines_recommendations/2012>.

12. "Screening for HIV." U.S. Preventive Services Task Force. N.p., Apr. 2013. Web. 18 Sept. 2014. <<http://www.uspreventiveservicestaskforce.org/uspstf/uspshivi.htm>>.

13. "Standards of Medical Care in Diabetes 2014." American Diabetes Association. N.p., Jan. 2014. Web. 18 Sept. 2014. <http://care.diabetesjournals.org/content/37/Supplement_1/S14.Full.pdf+html>.



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