

Annual Wellness Exam Template

Confirm the following with reference to the patient's HRA

Patient Name:

Date:

Date of Birth (yy/mm/dd):

Confirm Current Health status

Discuss any current medications indicated on the HRA:

Discuss the patient's current health status, including any current concerns, injuries, and conditions:

Discuss any current risks or experiences (may include psychosocial risks, behavioral risks and activities of daily living):

Identify current medical providers (may include pharmacies or behavioral care providers):

Routine Measurements

Height:

Weight:

Body Mass Index (BMI)/waist circumference :

Blood pressure:

Additional measurements:

Additional notes:

Mental Health Screening

Depression screening notes:

Additional notes and screening:

Cognition Screening

Alzheimer's disease risk notes:

Dementia risk notes:

Additional notes and screening:

Additional Information:

Updates to patient's personalized prevention plan (PPP):

Recommendations and referrals:

Additional Notes: