

# 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: