



SAINT LOUIS UNIVERSITY

# SLU Annual Medicare Wellness Visit

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

Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Vital Signs: Ht \_\_\_ Wt \_\_\_ B/P \_\_\_/\_\_\_/\_\_\_ Pulse \_\_\_ RR \_\_\_

Vaccinations:

	<u>Date</u>		<u>Date</u>
Influenza	Y / N ___/___/___	Hepatitis B	Y / N ___/___/___
Pneumococcus	Y / N ___/___/___	Herpes Zoster	Y / N ___/___/___
Prevnar	Y / N ___/___/___	PPD	Y / N ___/___/___
Tetanus	Y / N ___/___/___		

Date

Hepatitis B	Y / N ___/___/___
Herpes Zoster	Y / N ___/___/___
PPD	Y / N ___/___/___

Active Diseases:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Medications:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

PHQ 9 \_\_\_\_\_ Hearing Impaired Y/ N  
 FRAIL \_\_\_\_\_ Cerumen impacted Y / N  
 FRAIL NH \_\_\_\_\_ Vision Impaired Y / N  
 Pain Score \_\_\_\_\_ Falls Y / N  
 SARC-F \_\_\_\_\_ Smoking Y/N  
 SNAQ \_\_\_\_\_ Weight Loss Y/N  
 RCS \_\_\_\_\_ Advance Directive Y / N

### A Scale to Identify Frailty in the Nursing Home - FRAIL NH Scale

	0	1	2
Fatigue	No	Yes	PHQ-9
Resistance(Transfer)	Independent Transfer	Set Up	Physical Help
Ambulation	Independent	Assistive Device	Not Able
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 annual wellness visit. Agree with findings. Pt is cognitively intact / impaired, not frail, not falling, not disabled. Pt and/or family counseled.

Recommendations: \_\_\_\_\_

Signature \_\_\_\_\_

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