

# Medicare Wellness Visit Preventative Services Checklist

Pt Name: \_\_\_\_\_

DOS: \_\_\_\_\_

DOB: \_\_\_\_\_

Preventative Measure/Test	Frequency	Date Last Performed:	Due Date:	Notes:
Abdominal Aortic Aneurysm Screening Ultrasound	Once Per Lifetime for males 65 - 75, who have smoked > 100 cigarettes in thier life			
Alcohol Misuse Screeing & Counseling	Annually			
Bone Density Test	Once every 24 months*			
Cardiovascular Screening (Lipid Panel)	Once every 5 years			
Colorectal Cancer Screening	Freq. based on risk factors and prior test results			
Depression Screening	Annually			
Diabetes Screening	One-two per year (based on risk factors)			
Glaucoma Test/Optho Visit	Once per year*			
Lung Cancer Screening	Once every 12 months for ages 55-77, current smoker or quit smoking within the last 15 years			
Mammogram (Breast Cancer Screening)	Every 12 months for women over 40+			
Obesity Screening and Counseling	Unlimited for pts BMI > 30			
Pap Test & Pelvic Exam	Once every 24 months; or 12 months for high risk patients*			
Prostate Cancer Screening	Every 12 months			
Smoking Cessation Counseling	Up to 8 face-to-face counseling visits per year			
Yearly Wellness Visit (in person or telemed)	Annually (365 days + 1)			

*\*with certain medical conditions/risk factors*

## Vaccinations (including date of most recent)

☐ Influenza [date:\_\_\_\_\_]

☐ Tdap [date:\_\_\_\_\_]

☐ Prevnar13 [date:\_\_\_\_\_]

☐ Pneumovax23 [date(s):\_\_\_\_\_]

☐ COVID 19 [date(s):\_\_\_\_\_]

☐ COVID 19 Booster [date:\_\_\_\_\_]

☐ Shingles [first:\_\_\_\_\_ second:\_\_\_\_\_]

☐ Fall Screening

☐ Advanced Directives

☐ Annual Questionnaire