

Medicare Annual Wellness Visit PowerForm for Clinical Staff

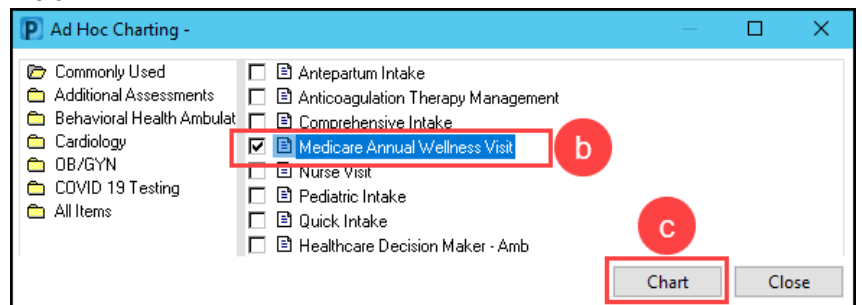
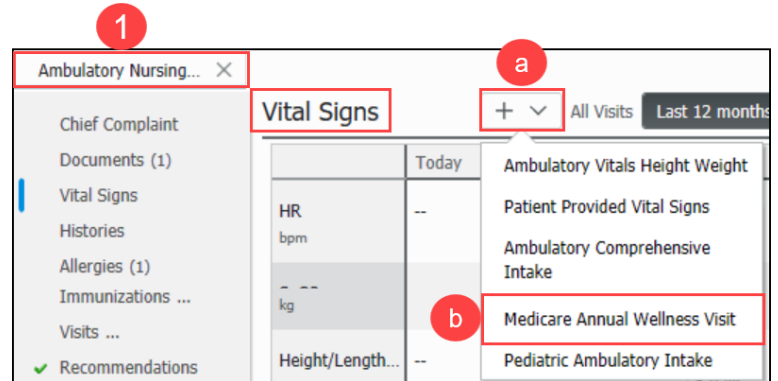
Cerner PowerChart Ambulatory EDUCATION

Medicare Annual Wellness Visit PowerForm

The Medicare Annual Wellness Visit PowerForm is completed as part of a patient's annual wellness visit clinical intake. The Medicare Annual Wellness Visit PowerForm can be accessed from the Ambulatory Nursing Workflow page or from AdHoc.

1. Ambulatory Nursing Workflow:
 - a. Click the drop-down arrow in the Vital Signs component.
 - b. Select Medicare Annual Wellness Visit.

2. AdHoc:
 - a. Click AdHoc on the PowerChart toolbar.
 - b. Select Medicare Annual Wellness Visit.
 - c. Click Chart.



PowerForm Navigation

- PowerForms are divided into pages on the left.
- Blue highlight indicates the current page that is open. Intake Summary
- Indicates there is a required field on a page that must be answered before signing the PowerForm. * Healthcare Decision Maker - Is patient currently able to answer these questions
- Required fields will display as yellow.
- Light grey indicates a page that is available to document on and is unopened. PHQ-2 and PHQ-9
- Light blue indicates a page that has been opened. Allergies and Medications
- Dark grey indicates a page that is not available to document on. (It may become available based on responses entered in other areas of the PowerForm). Detailed Vitals and Measurements

- To complete and sign a PowerForm.
- Cancels documentation of the PowerForm. The form will close without saving any entered information.
- Saves the information entered on the PowerForm without completing. This is not recommended for use.
- Clears all information on the current page of the PowerForm.
- Navigate through the pages of the PowerForm.
- Clinical calculator offers clinical formulas and conversions.

Intake Summary

Patient Summary

The following are **optional** for documentation:

1. Chief Complaint: Enter the patient stated chief complaint.
2. Communication Preference: Select or update as needed. This must be selected to use patient invitations.
3. History of Present Illness Nursing Note: HPI is optional and should be used only as directed by the practice.

Vitals

All the following fields are **mandatory** for documentation, except Heart Rhythm.

1. Blood Pressure
2. Pulse Rate: Document beats per minutes when auscultated or palpated. Document as Heart Rate Monitored: when a machine is used to record beats per minute. Either method satisfies the mandatory requirement.
3. Respiratory Rate
4. O2 Sat
5. Temperature: Documentation is in Degree Celsius and can be done as oral, temporal, or tympanic. One method satisfies the mandatory requirement.

6. Heart Rhythm (optional)
7. Pain Scale: Select the Pain Scale Used and document the Pain Level. Pain Comments is available to enter additional comments.

Measurements

It is **mandatory** to enter a **measured** Height and Weight. **Both** Height and Weight need to be measured to calculate a Measured Body Mass Index (BMI). An accurate BMI is needed for ordering a correct BMI code.

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Healthcare Decision Maker

Healthcare Decision Maker is **required** to complete and/or update. Healthcare Decision Maker is used to capture information regarding healthcare decision making, Guardian, and Advance Directive/DPOAH for the patient. Follow practice guidelines for documentation requirements.

Healthcare Decision Maker

The purpose of this form is to capture information regarding healthcare decision making

Is patient currently able to answer these questions Right click in box below to view Definitions of Legal Terminology

Yes No

Guardian

If this patient has a **GUARDIAN** and a copy is in the patients' chart, it will be listed below

Please select 'No' in field below as this patient does not have a Letter of Guardianship in their medical record

This patient has a Guardian

Yes No

It is not necessary to continue documenting this form if the patient has a Court Appointed Guardian

Advance Directive / DPOAH

If this patient has an **AD/DPOAH** and a copy is in the patients' chart, it will be listed below

This patient does not have an Advance Directive/DPOAH medical record

Does the patient have an Advance Directive or DPOAH

Yes Unknown No

If yes and a copy is not on file, please ask the patient to bring in a copy of the document so it can be added to their medical record

Depression Screening

PHQ-2 and PHQ-9 depression screening is **mandatory** to document. Document **both** PHQ-2 and PHQ-9 questionnaire, regardless of the PHQ-2 score, for the Medicare Annual Wellness Visit.

PHQ-2 and PHQ-9 Depression Screening Questionnaire

Over the last 2 weeks, how often have you been bothered by any of the following problems?

1. Little Interest or Pleasure in Doing Things

Not at all More than half the days
 Several days Nearly every day

2. Feeling Down, Depressed or Hopeless

Not at all More than half the days
 Several days Nearly every day

PHQ-2 Score

3. Trouble Falling or Staying Asleep

Not at all More than half the days
 Several days Nearly every day

Score = 0 No further action required
 Score = 1-6 Complete the PHQ9 below


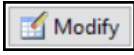
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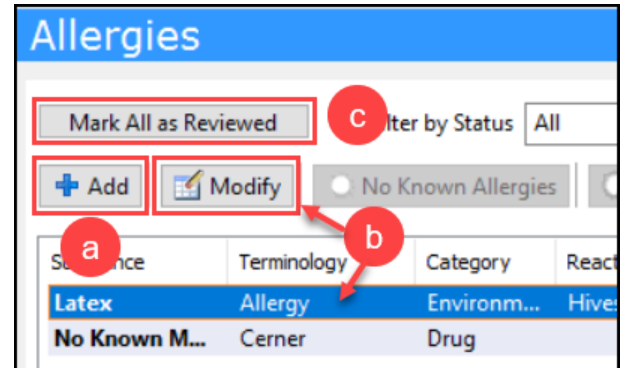
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Allergies and Medications

Review of allergies and medications is **required** at every patient visit. The review can be done from the Ambulatory Nursing Workflow or Medicare Annual Wellness Visit PowerForm.

Allergies:

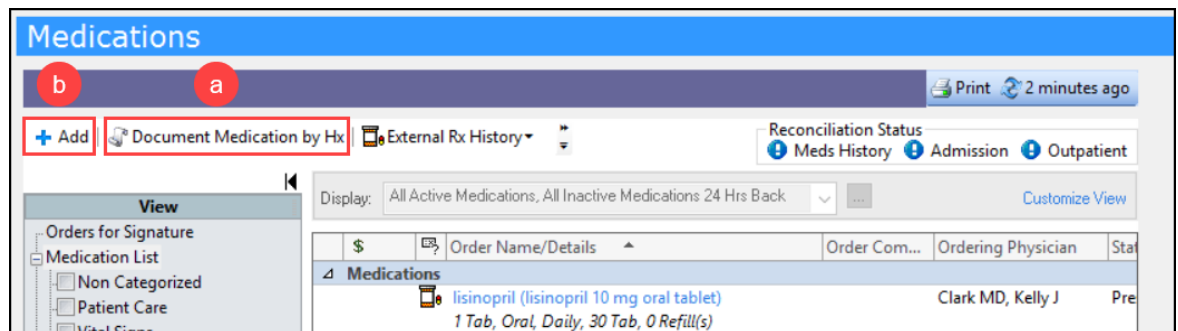
- Click the  button to add an allergy to the list.
 - Select a current allergy on the list, then click the  button to Modify an existing allergy.
 - When the allergy review is complete, click the Mark All as Reviewed button.
- Complete steps for Allergy Reconciliation can be found on Clinical EHR Education [website](#).

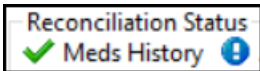


Note: If the allergy review is done on the Intake form, the Complete Reconciliation button in the Allergies component on the Ambulatory Nursing Workflow will still need to be clicked for meaningful use credit.

Medications:

- Click Document Medication by Hx to begin the medication review. Medication compliance is required when reviewing medications. This should include all prescribed and over the counter medications/supplements.
- Clicking Add will add a medication order.



- Send a message to the rendering or primary care provider regarding any medications that the patient reports taking incorrectly or not compliant.
 - When the medication history is completed, the Meds History Reconciliation Status will display a green check mark. 
- Complete steps for Documenting medications by history can be found on the Clinical EHR Education [website](#).

Social History

Social History is **required** to be reviewed at every patient visit. Documentation should include, at a minimum, **Tobacco status, Alcohol, and Substance Use**.

- Psychosocial/Spiritual is required for documentation only one time and will be carried across encounters for review.
- Abuse/Neglect screening is required once every year for all patients and must be completed at the patient's Wellness Visit if required.

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- Follow practice guidelines for additional Social History documentation.
- See Instructions for making changes to Social History for steps on modifying and adding documentation.

P Medicare Annual Wellness Visit - AMBCERNED, ERNEST

*Performed on: 03/10/2023 | 1312 | EST

Intake Summary

* Healthcare Decision Maker - Medicare

Detailed Vitals and Measurements

PHQ-2 and PHQ-9

Allergies and Medications

* Social History

Opioid Risk Tool - Opioid Use Disorder

Family History

Procedure and Surgical History

Problems and Diagnosis

Infectious Disease Risk Screening

Health Risk Assessment

Functional Assessment

Hearing and Vision Screening

Home Safety Screen

Geriatric Depression Scale-15

Mini-Cog

Conley Fall Risk Scale

Instrumental ADL Adult

Review of Systems

* Education Needs

Behavioral Pain Score

Social History

Instructions for making changes to Social History documentation

If no documentation present, right click and Add

If documentation present, and no error message, right click and modify

If documentation present, and error message present, right click Add, then right click and remove old documentation

Mark all as Reviewed button is no longer active

Mark all as Reviewed

Social

+ Add
 Modify
Display: Active

Category	Details	Last Updated	Last Updated By
Tobacco	Smoking Status: Never (less than 100 in lifetime).	10/10/2022 11:59...	Ambmlpn, 20
Electronic Cigarette/Va...			
Alcohol	None	10/10/2022 11:59...	Ambmlpn, 20
Substance Use			
Nutrition			
Exercise			
Sexual			
Home/Environment			
Employment/School			
Psychosocial/Spiritual	No Spiritual/cultural preferences.	10/10/2022 11:59...	Ambmlpn, 20
* Abuse/Neglect	Question not asked	10/10/2022 11:59...	Ambmlpn, 20

Reference Policy for Interventions if Abuse/Neglect is suspected

If Current or Quit within 12 months,
Smoking Cessation Counseling Provided

Yes No

Patient asked, during any previous encounter in
the past 24 months, about the use of Tobacco

Yes No

Opioid Risk Tool – Opioid Use Disorder

The Opioid Risk Tool is **mandatory** to be administered to all patients.


Family History

Family History is **mandatory** to be reviewed and/or updated at every patient visit. Family history review includes first degree relatives: parents, siblings, and offspring. Pertinent positive **and** negative information should be documented.

- Click button to add and/or modify any health history for a family member. Refer to step 2 for more information.
- The Display drop-down allows for different viewing options.
- Once the Family History review is complete, click Mark all as Reviewed.

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
2. If the  button is clicked, the Add Family History screen will appear.
 - a. Family members will be listed at the top from left to right. Names and demographics can be entered by left clicking on the relationship. Family members that do not exist should be removed by right clicking on the relationship.
 - b. Family relationships can be added by clicking the drop-down Add Family Member.
 - c. Click the QuickList magnifying glass to search for and create a list of histories not found in the General Family History list.
 - d. Selecting negative here will document a negative history for the selected condition for all family relationships listed.
 - e. Click in the white or blue column under each family member to document a negative or positive history.
 - f. Click on Add Group to add additional groups of histories for review.
 - g. Once complete, click OK.

Family History

Add Family History

Last Update: 2/9/2022 12:34 PM EST by Ambmlpn, 20 Focus Mode b

	Relationship	Father	Mother	Brother	Sister	Son	Daughter
Name	Bob	Jane					
Health Status							

QuickList  c

General Family History

Condition	Father	Mother	Brother	Sister	Son	Daughter
Alcohol abuse	-					
Alzheimer's disease	-					
Breast cancer	-					
Cancer	-					
Dementia	-					
Developmental delay	-					
Diabetes mellitus	-	+				
Heart attack	-					
Hypertension	-					
Mental disability	-					
Osteoporosis	-					
Prostate cancer	-					
Stroke	-					
Substance abuse	-					
Suicide	-					
Tuberculosis	-					


Add Group f g

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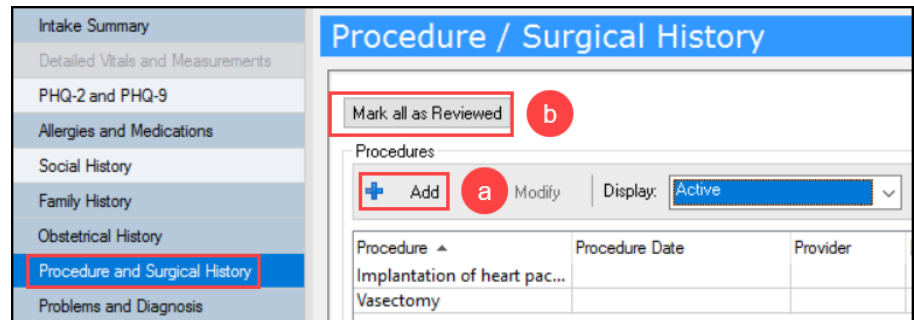
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Procedure and Surgical History

Procedure and Surgical History is **mandatory** to be documented and/or updated at every Medicare Annual Wellness Visit.

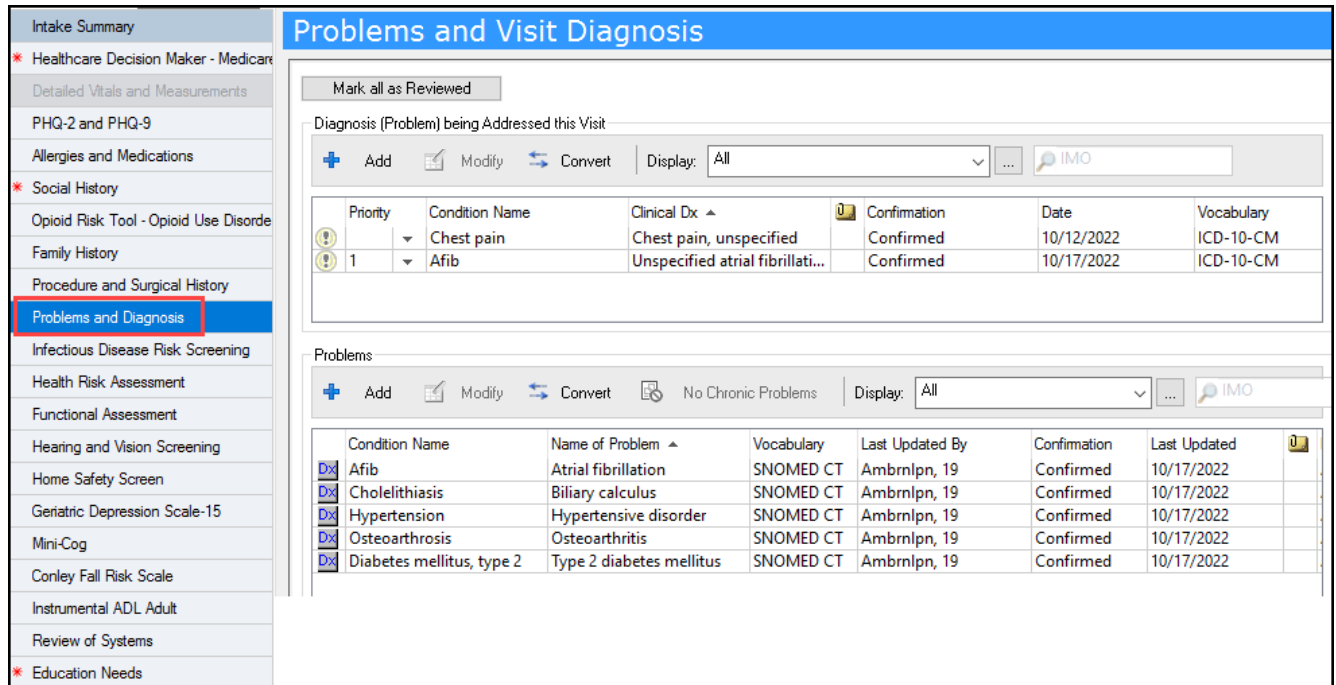
- Click the  button to add a procedure/surgery to the history list.
- Click the Mark all as Reviewed button when the review is complete.

Note: Complete steps for adding and documenting Procedure/Surgical History can be found on the Clinical EHR Education [website](#).



Problems and Diagnosis

Problems and Diagnosis allows viewing of problems and diagnoses in the same window. This should be reviewed and/or updated on the Ambulatory Nursing Workflow page. It is **required** to document patient stated medical problems at every visit.



Note: Complete steps for adding and documenting Problems and Diagnosis History can be found on the Clinical EHR Education [website](#).

Infectious Disease Risk Screening

Infectious Disease Risk Screening page is **optional** for documentation of Infection History, Infectious Disease Risk Factors/Symptoms, Tuberculosis Risk Factors/Symptoms, and several other family member and travel history information. Follow practice guidelines for documentation requirements.

<ul style="list-style-type: none"> Intake Summary Detailed Vitals and Measurements PHQ-2 and PHQ-9 Allergies and Medications Social History Family History Obstetrical History Procedure and Surgical History Problems and Diagnosis <li style="background-color: #0070c0; color: white;">Infectious Disease Risk Screening Psychosocial and Spiritual Conley Fall Risk Scale Instrumental ADL Adult ✓ Education Needs Healthcare Decision Maker - Amb Interpreter Services Review of Systems Behavioral Pain Score 	<h3>Infectious Disease Risk Screening</h3>																																												
<p>Infection History</p> <table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Comment</th> </tr> </thead> <tbody> <tr><td>Chickenpox</td><td></td><td></td><td></td></tr> <tr><td>Chlamydia</td><td></td><td></td><td></td></tr> <tr><td>History Genital Herpes, Patient/Partner</td><td></td><td></td><td></td></tr> <tr><td>Genital Herpes Outbreak Last 14 Days</td><td></td><td></td><td></td></tr> <tr><td>Gonorrhea</td><td></td><td></td><td></td></tr> <tr><td>HIV Exposure</td><td></td><td></td><td></td></tr> <tr><td>HPV</td><td></td><td></td><td></td></tr> <tr><td>History of Rash/Virus in Last Month</td><td></td><td></td><td></td></tr> <tr><td>History of Recent Positive TB Results</td><td></td><td></td><td></td></tr> <tr><td>Syphilis</td><td></td><td></td><td></td></tr> </tbody> </table>			Yes	No	Comment	Chickenpox				Chlamydia				History Genital Herpes, Patient/Partner				Genital Herpes Outbreak Last 14 Days				Gonorrhea				HIV Exposure				HPV				History of Rash/Virus in Last Month				History of Recent Positive TB Results				Syphilis			
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<p>Recent Travel History</p> <p><input type="radio"/> No <input type="radio"/> Yes</p> <p>Recent Travel Detail</p> <input type="text"/>																																													

Health Risk Assessment

The Health Risk Assessment Questionnaire is **mandatory**. Complete **all** 25 questions for documentation.

<ul style="list-style-type: none"> Intake Summary ✗ Healthcare Decision Maker - Medicare Detailed Vitals and Measurements PHQ-2 and PHQ-9 Allergies and Medications ✗ Social History Opioid Risk Tool - Opioid Use Disorder Family History Procedure and Surgical History Problems and Diagnosis Infectious Disease Risk Screening <li style="background-color: #0070c0; color: white;">Health Risk Assessment Functional Assessment Hearing and Vision Screening Home Safety Screen Geriatric Depression Scale-15 Mini-Cog Conley Fall Risk Scale Instrumental ADL Adult Review of Systems ✗ Education Needs Behavioral Pain Score FLACC Pain Score NIPS Pain Score NPASS Pain Score 	<h3>Health Risk Assessment Questionnaire</h3>
<p>1. Are there hazards in your house that might hurt you? <input type="radio"/> No <input type="radio"/> Yes</p> <p>2. Have you fallen in the past year? <input type="radio"/> No <input type="radio"/> Yes</p> <p>3. Are you worried you might fall? <input type="radio"/> No <input type="radio"/> Yes</p> <p>4. Do you use a cane or walker? <input type="radio"/> No <input type="radio"/> Yes</p> <p>5. Do you need someone to help you get up in the morning? <input type="radio"/> No <input type="radio"/> Yes</p> <p>6. In the past four weeks, have you fallen or felt dizzy when standing up? <input type="radio"/> No <input type="radio"/> Yes</p> <p>7. Because of any health problems, do you need the help of another person with your personal care needs such as eating, bathing, dressing, or getting around the house? <input type="radio"/> No <input type="radio"/> Yes</p> <p>8. Do you have trouble consistently taking or remembering to take all of your medications as prescribed? <input type="radio"/> No <input type="radio"/> Yes</p> <p>9a. During the past four weeks, have you had pain present? <input type="radio"/> No <input type="radio"/> Yes</p> <p>9b. Primary Pain Location: <input type="text"/></p> <p>9c. Numeric Rating Scale <input type="text"/></p> <p style="margin-left: 40px;">Numeric Rating Pain Score <input type="text"/></p> <hr/> <p>10. Can you get to places out of walking distance without help? (For example, can you travel alone on buses or taxis, or drive your own car?) <input type="radio"/> Yes <input type="radio"/> No</p> <p>11. Can you go shopping for groceries or clothes without someone's help? <input type="radio"/> Yes <input type="radio"/> No</p> <p>12. Can you prepare your own meals? <input type="radio"/> Yes <input type="radio"/> No</p> <p>13. Can you do your housework without help? <input type="radio"/> Yes <input type="radio"/> No</p>	

Functional Assessment

Functional Assessment – ADL Evaluation Index is used to assess the level of assistance needed for each ADL function and get an accurate ADL Index Score. It is **mandatory** to complete **all** six ADL categories.

- A score of 11 or less indicates a problem of Activity Intolerance.

Functional Assessment - ADL Evaluation Index							
<ul style="list-style-type: none"> Intake Summary Healthcare Decision Maker - Medicare Detailed Vitals and Measurements PHQ-2 and PHQ-9 Allergies and Medications Social History Opioid Risk Tool - Opioid Use Disorder Family History Procedure and Surgical History Problems and Diagnosis Infectious Disease Risk Screening Health Risk Assessment Functional Assessment Hearing and Vision Screening Home Safety Screen Geriatric Depression Scale-15 Mini-Cog Conley Fall Risk Scale Instrumental ADL Adult Review of Systems Education Needs Behavioral Pain Score 	<p>Indicate a level of assistance for each ADL function to obtain an accurate ADL Index Score</p> <table border="1"> <tr> <td> Bathing <input type="radio"/> Independent (2) <input type="radio"/> Requires assistance (1) <input type="radio"/> Dependent (0) </td> <td> Dressing <input type="radio"/> Independent (2) <input type="radio"/> Requires assistance (1) <input type="radio"/> Dependent (0) </td> <td> Toileting <input type="radio"/> Independent (2) <input type="radio"/> Requires assistance (1) <input type="radio"/> Dependent (0) </td> </tr> <tr> <td> Transferring Bed or Chair <input type="radio"/> Independent (2) <input type="radio"/> Requires assistance (1) <input type="radio"/> Dependent (0) </td> <td> Continence <input type="radio"/> Independent (2) <input type="radio"/> Requires assistance (1) <input type="radio"/> Dependent (0) </td> <td> Feeding <input type="radio"/> Independent (2) <input type="radio"/> Independent with assistive device (2) <input type="radio"/> Requires assistance (1) <input type="radio"/> Dependent (0) </td> </tr> </table> <p>ADL Index Score (ref)</p> <input type="text"/> <p>Higher total score reflects higher level of independence: 12 = Total independence 6 = Moderate dependence 0 = Maximum dependence</p> <p>A score of 11 or less indicates a problem of Activity Intolerance</p>	Bathing <input type="radio"/> Independent (2) <input type="radio"/> Requires assistance (1) <input type="radio"/> Dependent (0)	Dressing <input type="radio"/> Independent (2) <input type="radio"/> Requires assistance (1) <input type="radio"/> Dependent (0)	Toileting <input type="radio"/> Independent (2) <input type="radio"/> Requires assistance (1) <input type="radio"/> Dependent (0)	Transferring Bed or Chair <input type="radio"/> Independent (2) <input type="radio"/> Requires assistance (1) <input type="radio"/> Dependent (0)	Continence <input type="radio"/> Independent (2) <input type="radio"/> Requires assistance (1) <input type="radio"/> Dependent (0)	Feeding <input type="radio"/> Independent (2) <input type="radio"/> Independent with assistive device (2) <input type="radio"/> Requires assistance (1) <input type="radio"/> Dependent (0)
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Hearing and Vision Screening

Hearing and Vision Screening Comments are **mandatory**. Document Hearing and Vision concerns using the Comments fields.

Type any patient reported concerns in the appropriate Comments field(s), for example: patient uses hearing aids. If the patient has no concerns, type "No concerns" in the Comments field(s).

Hearing Screen																			
<ul style="list-style-type: none"> Intake Summary Healthcare Decision Maker - Medicare Detailed Vitals and Measurements PHQ-2 and PHQ-9 Allergies and Medications Social History Opioid Risk Tool - Opioid Use Disorder Family History Procedure and Surgical History Problems and Diagnosis Infectious Disease Risk Screening Health Risk Assessment Functional Assessment Hearing and Vision Screening Home Safety Screen 	<table border="1"> <tr> <td>Typanogram, Left Ear</td> <td>Typanogram, Right Ear</td> <td>Audiogram Result, Right Ear</td> <td>Audiogram Result, Left Ear</td> <td rowspan="2">Hearing Screen Comments</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <table border="1"> <tr> <th colspan="2">Vision Screen</th> </tr> <tr> <td>Visual Acuity, Left Eye</td> <td>Visual Acuity, Right Eye</td> <td>Vision Test Type</td> <td rowspan="2">Vision Screen Comments</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p>Copyright© Cerner Corporation. All rights reserved.</p>	Typanogram, Left Ear	Typanogram, Right Ear	Audiogram Result, Right Ear	Audiogram Result, Left Ear	Hearing Screen Comments	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Vision Screen		Visual Acuity, Left Eye	Visual Acuity, Right Eye	Vision Test Type	Vision Screen Comments	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>																	

Home Safety Screening

Home Safety Screening is **mandatory**. Document as many of the screening questions as possible.

<ul style="list-style-type: none"> Intake Summary * Healthcare Decision Maker - Medicare Detailed Vitals and Measurements PHQ-2 and PHQ-9 Allergies and Medications * Social History Opioid Risk Tool - Opioid Use Disorder Family History Procedure and Surgical History Problems and Diagnosis Infectious Disease Risk Screening Health Risk Assessment Functional Assessment Hearing and Vision Screening <li style="background-color: #e0f0ff;">Home Safety Screen Geriatric Depression Scale-15 	<h3 style="margin: 0;">Home Safety Screening</h3> <p>Are emergency numbers kept by the phone and regularly updated? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Are all household members aware of the dangers of smoking, especially in bed? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Are working smoke alarm(s) and fire extinguisher(s) available for use? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Do all household members know how to use them? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Are firearms stored unloaded and securely locked? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Have throw rugs been removed or fastened down? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Are non-slip mats in all bathtubs and showers? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Do all stairways have a railing or banister? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Are sidewalks and all outdoor steps clear of tools, toys, and other articles? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Are doorways, halls, and stairs free of clutter? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Are all electrical cords in working order, easily seen, and not run under rugs/carpets or wrapped around nails? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Comments <input style="width: 100%; height: 30px;" type="text"/></p>
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Geriatric Depression Scale-15

Geriatric Depression Scale-15 page is available, but **not required** for depression screening for geriatric patients. (The PHQ-2 and PHQ-9 depression screening is used).

A total score will be automatically calculated to grade the degree of depression. Follow practice guidelines for documentation requirements and follow up.

<ul style="list-style-type: none"> Intake Summary * Healthcare Decision Maker - Medicare Detailed Vitals and Measurements PHQ-2 and PHQ-9 Allergies and Medications * Social History Opioid Risk Tool - Opioid Use Disorder Family History Procedure and Surgical History Problems and Diagnosis Infectious Disease Risk Screening Health Risk Assessment Functional Assessment Hearing and Vision Screening Home Safety Screen <li style="background-color: #e0f0ff;">Geriatric Depression Scale-15 Mini-Cog Conley Fall Risk Scale Instrumental ADL Adult Review of Systems * Education Needs Behavioral Pain Score FLACC Pain Score NIPS Pain Score 	<h3 style="margin: 0;">Geriatric Depression Scale-15</h3> <p>Please select the best answer for how you felt over the past week.</p> <p>Are you basically satisfied with your life? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Have you dropped many of your activities and interests? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Do you feel that your life is empty? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Do you often get bored? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Are you in good spirits most of the time? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Are you afraid that something bad is going to happen to you? <input type="radio"/> Yes <input type="radio"/> No</p>
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Mini-Cog

Mini-Cog Test is a **mandatory** test used to evaluate the patient for cognitive impairment.

- Patients scoring negative for cognitive impairment will require no further action.
- However, patients scoring **positive** for cognitive impairment **must** complete the St. Louis Mental Exam (SLUMS) paper form. Follow practice guidelines for any additional documentation requirements.

Mini- Cog Test										
<p>Administration</p> <p>1. Get patient's attention and ask him or her to remember three unrelated words. Ask patient to repeat the words to ensure the learning was correct.</p> <p>2. Ask patient to draw the face of a clock. After numbers are on the face, ask patient to draw hands to read 10 minutes after 11:00 (or 20 minutes after 8:00).</p> <p>3. Ask the patient to recall the three words from Step 1.</p>	<p>Special Instructions</p> <p>- Allow patient three tries, then go to next item. - The following word lists have been validated in a clinical study:1-3</p> <table border="0"> <tr> <td>Version 1 o Banana o Sunrise o Chair</td> <td>Version 2 o Daughter o Heaven o Mountain</td> <td>Version 3 o Village o Kitchen o Baby</td> <td>Version 4 o River o Nation o Finger</td> <td>Version 5 o Captain o Garden o Picture</td> <td>Version 6 o Leader o Season o Table</td> </tr> </table> <p>- Either a blank piece of paper or a preprinted circle (other side) may be used. - A correct response is all numbers placed in approximately the correct positions AND the hands pointing to the 11 and 2 (or the 4 and 8). - These two specific times are more sensitive than others. - A clock should not be visible to the patient during this task. - Refusal to draw a clock is scored abnormal.</p> <p>Ask the patient to recall the three words from Step 1.</p>	Version 1 o Banana o Sunrise o Chair	Version 2 o Daughter o Heaven o Mountain	Version 3 o Village o Kitchen o Baby	Version 4 o River o Nation o Finger	Version 5 o Captain o Garden o Picture	Version 6 o Leader o Season o Table			
Version 1 o Banana o Sunrise o Chair	Version 2 o Daughter o Heaven o Mountain	Version 3 o Village o Kitchen o Baby	Version 4 o River o Nation o Finger	Version 5 o Captain o Garden o Picture	Version 6 o Leader o Season o Table					
<p>CDT Score <input checked="" type="radio"/> Normal <input type="radio"/> Abnormal</p> <p># or Recalled Words <input type="text"/></p> <p>Mini-Cog Score <input checked="" type="radio"/> Negative for cognitive impairment <input type="radio"/> Positive for cognitive impairment</p>										
<p>Scoring</p> <table border="0"> <tr> <td>3 recalled words</td> <td>Negative for cognitive impairment</td> <td rowspan="4" style="vertical-align: middle; font-size: small;">Remember to scan in clock face drawing</td> </tr> <tr> <td>1-2 recalled words + normal CDT</td> <td>Negative for cognitive impairment</td> </tr> <tr> <td>1-2 recalled words + abnormal CDT</td> <td>Positive for cognitive impairment</td> </tr> <tr> <td>0 recalled words</td> <td>Positive for cognitive impairment</td> </tr> </table>		3 recalled words	Negative for cognitive impairment	Remember to scan in clock face drawing	1-2 recalled words + normal CDT	Negative for cognitive impairment	1-2 recalled words + abnormal CDT	Positive for cognitive impairment	0 recalled words	Positive for cognitive impairment
3 recalled words	Negative for cognitive impairment	Remember to scan in clock face drawing								
1-2 recalled words + normal CDT	Negative for cognitive impairment									
1-2 recalled words + abnormal CDT	Positive for cognitive impairment									
0 recalled words	Positive for cognitive impairment									

Conley Fall Risk Scale

The Conley Fall Risk Scale is used to score patient's fall risk. A full assessment is **mandatory** for documentation.

Conley Fall Risk Scale	
<p>Conley Fall Risk Scale</p>	<p>History</p> <p>History of Falling in Last 3 Months, Including Since Admission <input checked="" type="radio"/> Yes <input type="radio"/> No Yes response scores 2</p> <p>Observations</p> <p>Impaired Judgment/Lack of Safety Awareness <input type="radio"/> Yes <input type="radio"/> No Yes response scores 3</p> <p>Agitation <input type="radio"/> Yes <input type="radio"/> No Yes response scores 2</p> <p>Impaired Gait, Shuffle, Wide Base, Unsteady Walk <input type="radio"/> Yes <input type="radio"/> No Yes response scores 1</p> <p>Direct Questions (Do You...)</p> <p>Ever Experience Dizziness or Vertigo <input type="radio"/> Yes <input type="radio"/> No Yes response scores 1</p> <p>Ever Wet or Soil Yourself on Way to Bathroom <input type="radio"/> Yes <input type="radio"/> No Yes response scores 1</p> <p>Fall Risk Score <input type="text"/></p> <p style="color: blue; font-size: small;">Patient is at risk for falls if Conley score is greater than or equal to 2</p>

Medicare Annual Wellness Visit PowerForm for Clinical Staff

Cerner PowerChart Ambulatory EDUCATION

Instrumental ADL Adult

Instrumental Activities of Daily Living is **mandatory** to complete. Document levels of independence for as many categories as possible.

Use the following three levels of assistance for documentation to accurately track changes:

- Complete independence
- Modified independence
- Total assistance

Intake Summary	Instrumental Activities of Daily Living			
Detailed Vitals and Measurements		Complete independence	Modified independence	Super
PHQ-2 and PHQ-9	Meal Prep			
Allergies and Medications	Writing			
Social History	Keyboarding			
Family History	Phone Use			
Obstetrical History	Money Management			
Procedure and Surgical History	Grocery Shopping			
Problems and Diagnosis	Clothing Care			
Infectious Disease Risk Screening	Light Cleaning			
Psychosocial and Spiritual	Heavy Cleaning			
Conley Fall Risk Scale	Community Transportation			
Instrumental ADL Adult	Community Mobility, Safety			
✓ Education Needs	Care of Others			
Healthcare Decision Maker - Amb	Medication Management			
Interpreter Services	Other IADL			
Review of Systems	Child Rearing			
Behavioral Pain Score				
FLACC Pain Score	Other IADL Information			
NIPS Pain Score				

Review of Systems

Review of Systems page is available, but **not required** for documentation. Follow practice guidelines for documentation requirements.

Intake Summary	Review of Systems		
Detailed Vitals and Measurements	General:		
PHQ-2 and PHQ-9		Yes	No
Allergies and Medications	Weight Change >10lbs		
Social History	Difficulty Sleeping		
Family History	Blood Transfusion		
Obstetrical History	Fever		
Procedure and Surgical History	Fatigue		
Problems and Diagnosis	Night sweats		
Infectious Disease Risk Screening	Cold intolerance		
Psychosocial and Spiritual	Diaphoresis		
Conley Fall Risk Scale	Head and Neck:		
Instrumental ADL Adult		Yes	No
✓ Education Needs	Visual changes (not glasses)		
Healthcare Decision Maker - Amb	Dizziness		
Interpreter Services	Double vision		
Review of Systems	Sinus problems		
Behavioral Pain Score	Frequent persistent nosebleeds		
FLACC Pain Score	Ear pain		
NIPS Pain Score	Trouble hearing		
NPASS Pain Score	Ringings in Ears		
	Hoarseness		
	Persistent sore throat		
	Mouth sores		
	Nasal Drainage		
	Swollen glands (Frequent)		

Medicare Annual Wellness Visit PowerForm for Clinical Staff

Cerner PowerChart Ambulatory EDUCATION

Education Needs

Educational Needs is **required** to be completed.

- Barriers to Learning is **required** to be documented at every visit.
- Patient/Family Learning Style Preferences for the patient and family may be documented. Multiple learning styles can be selected by clicking inside the boxes. These preferences will be saved across visits.
- Patient/Family Education Needs Comments is a free text box for any additional comments.

Education Needs/Learning Style

Barriers to Learning a

None evident Difficulty concentrating Literacy
 Acuity of illness Emotional state Memory problems
 Cognitive deficits Financial concerns Vision impairment
 Cultural barrier Hearing deficit Other:
 Desire/Motivation Language barrier

Patient/Family Learning Style Preferences b

	None	Demonstration	Printed materials	Verbal explanation	Video/Educational TV	Comment
Patient						
Family						

Patient/Family Education Needs Comments c

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Signing the Form

When documentation is complete, click the green check on the top of the PowerForm to sign and complete the Medicare Annual Wellness Visit PowerForm.

