

Hunterdon Health Practices

Adult Wellness Pre-Visit Patient Packet for age 18-64 years

Name _____ Date of Birth _____

Welcome to your Wellness Visit-It's Not Just a Physical Anymore!

We are looking forward to seeing you at your upcoming preventive care visit, where we will focus on creating a **wellness plan** customized for you, including the following:

- address screenings for cancer, depression, heart disease and other health problems (screening means checking for problems that were not previously diagnosed, not managing conditions you know you have)
- make sure your vaccinations and appropriate testing are up to date
- talk about nutrition, exercise, stress and other factors affecting your health
- update your family history
- make sure your desired healthcare wishes are respected by creating an Advance Directive
- make sure ALL of your medications are appropriate, safe, and as affordable as possible
- address what is important to YOU

Before your visit:

We want to spend our time together to focus on what is most important to you. Please complete the questionnaire below and bring it with you on the day of your visit so we spend less time collecting information and more time on what matters!

On the day of your visit:

- Be sure to bring your valid insurance card with you.
- Blood tests: If you plan to have fasting blood work for cholesterol or blood sugar, please come fasting: no food for 10 hours prior to your appointment, but drink plenty of water or non-caloric drinks (black coffee or tea are fine!). Take your medications as usual.
- Urine sample: you may be asked for a urine sample at the office.
- If you must cancel your appointment, please let us know at least 24 hours in advance.

- Please bring a list of your medications, or bring the medications themselves! Include all over the counter products you take.

Frequently asked questions:

- **Is preventive health care covered by insurance?**

In the past, some people skipped preventive care visits because they were not covered by insurance. However, almost all insurance plans now cover your **visit** with your primary care doctor each year with no co-pay or deductible to be sure you can create and follow your own Wellness Plan

A **preventive or “well” visit** focuses on staying as healthy as possible. Medical problems like pains, fatigue, constipation, diabetes, heart problems, lung problems etc. are addressed at **sick or disease management visits**. These problems require a different history, review of past treatments, lab tests and x-rays, and medication management.

If we combine a problem visit with your well visit, we will submit the appropriate codes and charges to your insurance company for both the well visit and the problem visit. This is the correct and accepted way to bill for this type of appointment. Depending on your insurance plan, you may be responsible for a portion of the bill.

- **So will I still have a physical exam when I go to a primary care doctor?**

Yes, a general physical exam can give clues to silent problems and can guide your decisions for your health plan.

- **I have heard about Medical Homes – what are they?**

A Medical Home is not a building or a place. It’s a way your primary care doctor partners with you and your family in order to work together in the office AND between visits while helping to coordinate care with other doctors and hospitals.

Health questions to answer and bring to your visit:

Everyone

- Have you ever used tobacco? YES NO
- Do you currently use tobacco? YES NO
- Please be sure we have a complete record of all your vaccines
 - If you had a vaccine elsewhere, please bring your record
 - Examples: flu vaccine, pneumonia vaccine, shingles vaccine, tetanus vaccine, hepatitis vaccine, etc.
- Do you have an Advance Directive (Living Will)? YES NO

- Please bring it to the office to be scanned into your record
- If you don't have an Advanced Directive, we are happy to provide you with one you can fill out

How have you been feeling?

In the past two weeks:	Not at All	Several Days	More than half the days	Nearly every day
Have you been bothered by little pleasure in doing things?				
Have you been bothered by feeling down depressed or hopeless?				
Trouble falling or staying asleep, or sleeping too much?				
Do you feel tired or have too little energy?				
Poor appetite or overeating?				
Feeling bad about yourself or that you are a failure or have let yourself or your family down?				
Trouble concentrating on things, such as reading the newspaper or watching television?				
Moving or speaking so slowly that other people could have noticed. Or being so fidgety or restless that you have been moving around a lot more than usual?				
Thoughts that you would be better off dead, or of hurting yourself?				

- If you are over age 45: when was your last colonoscopy (colorectal cancer screening test)?
 - Where was it done?
- If you have high blood pressure, have you ever had an EKG (cardiogram) done?
 - Where was it done?
- If you have diabetes, when was your last eye doctor exam?
 - Where was it done?

- Remember to bring a list of your medications, or the medications themselves! Include over the counter products.

Women

- Do you see a gynecologist (Ob/Gyn)?
 - If so, whom?
- When was your last PAP smear (cervical cancer test)?
 - Where was it done?
- If you are over age 40: When was your last mammogram (breast cancer screening test)?
 - Where was it done?
- If you are over age 65: Have you had a bone density test (osteoporosis screening test also called dexa scan)?
 - Where was it done?

Please list other doctors who take care of you:

Specialty	Name	Address	Phone Number
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Have you had any surgeries since your last visit? If so, please write the surgery and date below. New patients, please list all surgeries you have had.

Have you had any new medical diagnoses since your last visit? If so, please write the diagnoses and date below. New patients, please list all of your medical conditions.

Please update your **family history** for us: Any new diagnoses for your parent, sibling, son or daughter? If so, please write the person's relationship to you and the diagnosis. New patients, please list diagnoses for your family members.

Please update your **employment history** for us:

Use this space to write questions you have for the doctor or nurse at your visit: