HARDER family practice

Patient Centered Care Plan

Name:_____ DOB: _____ Date of Service: _____

ADL's & Functional capacity & Social Determinant		G8427 & G0136-59
Do you need help with preparing meals?	☐ Yes	☐ No
Do you need help with transportation and/or shopping?	☐ Yes	☐ No
Do you need help with taking your medication?	☐ Yes	☐ No
Do you need help with: Bathing? Dressing? Toileting?	☐ Yes	☐ No
Do you live alone?	☐ Yes	☐ No
In the past year, has it been hard for you to pay for basics: food, meds, utilities	☐ Yes	☐ No

Home Safety		0518F
Have you had a vision screen in the past year?	☐ Yes	☐ No
Have you fallen 2+ times in the past year?	☐ Yes	☐ No
Does your home have throw rugs, poor lighting, or a slippery bathtub/shower?	☐ Yes	☐ No
Does your home HAVE grab bars in the bathroom, handrails on stairs/steps?	☐ Yes	☐ No
Does your home HAVE functioning smoke alarms?	☐ Yes	☐ No

Depression		G0444-59
In the *past 4 weeks*, have you felt little interest/ pleasure in doing things?	☐ Yes	☐ No
In the *past 4 weeks*, have you felt down, depressed or hopeless?	☐ Yes	☐ No

Alcohol		G0442-59
Do you consume more than 4 alcoholic drinks per day?	☐ **Yes**	☐ **No**

Cardiovascular		
Do you exercise regularly?	☐ Yes	☐ No
Do you experience snoring or sleep apnea?	☐ Yes	☐ No
Do you get adequate hours of sleep each night?	☐ Yes	☐ No
Discussion: CV Risk Factor Mgmt (HTN, lipids, pre- or DM, smoking Fm Hx, obesity)		**G0538-59**
		Provider circle: or
Provider circle one: F2F intensive counseling on CV risk reduction/diet and exercise		
CAD / Stent / By-Pass Surgery / Heart Failure / Valve Disease / Arrhythmia / Stroke / Other		**G0446-59**

Medicare Annual Wellness

- ☐ Welcome to Medicare **(EKG G0403) G0402**
- ☐ Initial Medicare Wellness **G0438**
- ☐ Subsequent Medicare Wellness **G0439**

Preventive & Immunizations		
Colonoscopy / Cologuard / FIT *(50-75 years old)*	☐ **Yes** 3017F	☐ **No** 3017F-8p
Females: Mammogram *(40-74 years old)*	☐ **Yes** G9899	☐ **No** G9900
Pneumonia: Prevnar 20 or PneumoVax 23 (G0009)	☐ **Yes** M1305	☐ **No** M1304
Influenza: (G0008)	☐ **Yes** M1299	☐ **No** M1300

Advanced Care Planning — PE Z00.00 Provider add to note **99497-33**		
Do you have a DPOA/DPOH (power of attorney/healthcare) or a living will?	☐ **Yes** 1123F	☐ **No** 1124F
Do you have a DNR (do not resuscitate) order?	☐ **Yes** 1123F	☐ **No** 1124F

Other — Smoke cessation F17.210 - Provider add to note **99406-59**		
Weight: BMI >30 — BMI – Provider add to note **G0447-59**		
Are you a smoker?	☐ **Yes** G9902	☐ **No** G9903
If yes, do you have any desire to quit?	☐ **Yes**	☐ **No**
LDCT: 20 pack-per-year history/50-80 yrs old/Smoker/Quit within past 15 years — Provider Circle **G0296-59**		

For Office Use Only

Diabetes:

____ 3044F A1C 6.9 or less
____ 3051F A1C 7.0 to 8.0
____ 3052F A1C 8.1 to 9.0
____ 3046F A1C 9.0 or greater

Hyperlipidemia:

____ 3048F LDL 100 or less
____ 3049F LDL 100-129
____ 3050F LDL 130 or greater

Hypertension:

____ 3074F Systolic 130 or less
____ 3075F Systolic 130-139
____ 3077F Systolic 140 or greater

____ 3078F Diastolic 80 or less
____ 3079F Diastolic 80-89
____ 3080F Diastolic 90 or greater