



3/4/2015

Policy on Preventative Exams

You have been scheduled for a yearly preventative visit covered by your health plan without a co-payment. It is a special type of evaluation that is primarily intended to help you and your medical provider develop a plan for determining and addressing potential medical problems. This type of visit requires that you and your provider address and evaluate specific issues with the intent of developing and/or updating a personalized prevention plan based on your current health and risk factors.

A number of specific elements are addressed during this type of visit. As a result, we ask that **you please complete the attached form and bring it with you to your visit to review with your provider.** We also suggest that you bring all of your medications with you to your appointment to ensure that your provider obtains an accurate and complete list of all the medications you are currently taking, including the dosage of the medication and the frequency with which you take the medication.

In addition to the purely preventative visit, in 2014 Jackson Medical Group will offer the traditional annual checkup, including physical examination, at the same office visit that you have your preventative evaluation.

If at the conclusion of your visit, there is a pressing medical problem and time permits, we will approach the problem. The evaluation and treatment of ongoing issues or newly-identified problems (such as high blood pressure, diabetes and other ongoing issues) is **NOT** part of the preventative health evaluation and there **WILL** be an additional charge and copayment due. If time does not permit for evaluation of other symptoms, a follow up appointment with applicable copayment will be scheduled.

Your signature on this page acknowledges that you have read and understand our policy on coding and billing for preventative visits.

Name: _____

Date: _____

Signature: _____



Adult Health Questionnaire

Patient Name: _____

Date of Birth: _____

1. What symptoms, medical problems and concerns have prompted this visit today?

2. What expectations do you have and what goals do you hope to accomplish by the conclusion of this office visit?

3. Please list any **new** conditions since your last physical (such as high blood pressure, diabetes, etc)

None

4. Please list any **new** allergies to food or medications since your last physical

None

5. Please list any new surgeries and date since your last physical

None

6. Do you presently smoke cigarettes? Yes No

7. Have you ever been a smoker? If so, when did you quit? Yes No

8. How much alcohol do you consume in a week?

9. If you are diabetic, when did you have your last eye examination?

10. Have you filled out an "advanced directive" for advanced planning? Yes No

11. Is there any other information you feel we should know concerning your past health?

Yes No

12. If so, please elaborate

13. Is there any family history of colon cancer, breast cancer, diabetes, ovarian cancer or early onset heart attacks, coronary disease in the family? If so, indicate YES and discuss with the provider

Yes No

14. Describe your exercise program

15. Do you have a personal problem you wish to discuss with the physician? Yes No

Signature

Date