



St. Luke Community Clinics

Dear _____,

Thank you for choosing St. Luke Community Healthcare for your healthcare needs. As a Medicare patient, you can take advantage of one of three types of Medicare Annual Wellness Visits. If you are new to Medicare, you will be completing your Initial Preventative Physical Exam (IPPE). If you have been a Medicare patient for over 1 year, you will be completing your Initial Medicare Annual Wellness Visit or your Subsequent Medicare Annual Wellness Visit.

Explanation for each service below:

| | |
|---|---|
| Initial Preventative Physical Exam (IPPE) | “Welcome to Medicare” is only for new Medicare patients. This must be done in the 1 st year as a Medicare patient. |
| Initial Medicare Annual Wellness Visit (MAWV) | At least 1 year after the “Welcome to Medicare” exam. |
| Subsequent Medicare Annual Wellness Visit (MAWV) | Once a year after the IPPE and Initial MAWV. |

Your Medicare Annual Wellness Visit is focused on prevention and wellness. By participating in your Annual Wellness Visits your healthcare provider can obtain important information about your health and work with you to develop a plan to manage your healthcare needs.

What to expect during you Medicare Annual Wellness Visit:

- A limited physical exam to check your blood pressure, height, weight, and vision
- A discussion of services that allow our care team to closely monitor your health conditions and update your plan of care before office visits
- Counseling about preventative healthcare services, including important preventative cancer screens, vaccinations, and referrals for care, if needed
- An opportunity to discuss Advanced Care Planning and Advanced Directives
- Counseling on a healthy lifestyle

Before your appointment, you will be contacted for a Pre-appointment Interview. Please review and complete the attached documents and bring them with you to your appointment. Included in your packet are the following:

- Health Risk Assessment
- MyChoice Advanced Directives (or the Advanced Directives of your choosing)
- Montana Provider Order for Life-Sustaining Treatment (POLST)
- myHealth Patient Portal Card

Please bring a list of all medications you are taking (prescribed and over-the-counter).

We look forward to seeing you soon. If you have any questions about your packet, please call your primary care provider. You may also ask any questions during you pre-appointment interview.

Ronan- 126 6th Ave. S.W. Polson- 104 Rufus Lane Ridgewater- 107 Ridgewater Dr. St. Ignatius- 330-6 Tract
Lane Ronan, Montana 59864 Polson, Montana 59860 Polson, Montana 59860 P.O. Box 1029
(406) 676-3600 (406) 883-2555 (406) 883-3737 St. Ignatius, Montana
59865

(406) 745-2781





A Message for Your Community Health Worker

Hi, my name is Shaina and I am the Community Health Worker at St. Luke. We are looking forward to seeing you for your Medicare Annual Wellness Visit. To prepare you for this visit, I or a member of the clinic staff, will be calling you to complete your pre-appointment interview. The pre-appointment interview gives me an opportunity to fully prepare you for your visit, ensure you have plenty of time with your care team in the clinic, and obtain important information about your physical and mental health.

I will be asking you to update:

1. Past Preventative Screens
2. Current Providers, Specialists, and/or Durable Medical Equipment Suppliers
3. Your current medication list and to bring a list of any medications you are taking

I will also ask you about:

5. Your current/past tobacco use and mental health status
6. Your fall risk

I will also provide education about myHealth Portal, which is a convenient way to keep in touch with your care team, have access your medical records 24/7, and receive automatic updates to changes in your record.



A Message for Your Community Health Worker

Hi, my name is Shaina and I am the Community Health Worker at St. Luke. We are looking forward to seeing you for your Medicare Annual Wellness Visit. To prepare you for this visit, I or a member of the clinic staff, will be calling you to complete your pre-appointment interview. The pre-appointment interview gives me an opportunity to fully prepare you for your visit, ensure you have plenty of time with your care team in the clinic, and obtain important information about your physical and mental health.

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**St. Luke Community Healthcare
Medicare Annual Wellness Visit
Health Risk Assessment**

Patient Label Here

What is your occupation? _____

Who do you live with? _____

Hearing Loss Screen

1. Please check anything that applies to how your hearing affects your life:

- | | |
|---|--|
| <input type="checkbox"/> No problems with hearing | <input type="checkbox"/> Attend religious services less often because of hearing |
| <input type="checkbox"/> Embarrasses you when meeting new people | <input type="checkbox"/> Argue with family because of hearing |
| <input type="checkbox"/> Frustrates you when talking with family | <input type="checkbox"/> Difficulty hearing radio or TV |
| <input type="checkbox"/> Have difficulty hearing when someone whispers | <input type="checkbox"/> Hearing limits personal or social life |
| <input type="checkbox"/> Feel impaired by a hearing problem | <input type="checkbox"/> Difficulty hearing in restaurant |
| <input type="checkbox"/> Hearing causes difficulty when visiting people | |

During the past 30 days, how often did you eat 5 servings of fruits and vegetables per day?

- Every day Almost Every Day Sometimes Rarely Never

How often do you eat out per week? _____

In the last 12 months, did you ever eat less than you thought you should because there wasn't enough money? YES NO Don't Know

Your weight over the past year?

- Stable Decreased >10lbs Increased >10lbs Other: _____

How many times per week do you exercise? _____ Duration? _____ Type? _____

Alcohol Use: YES NO If yes, how many drinks per day? _____

Drug Use: YES NO If yes, how much per day? _____

Thank you for filling out this survey. You will receive a call 2 days before your scheduled appointment from clinic staff to complete the pre-appointment interview. This interview ensures your time at the clinic is limited.

If you have any questions, please call your primary care provider.

Patient/Guardian Signature _____ Date _____