

Your Annual Wellness Visit Checklist.

Use this checklist to help you and your doctor create a plan for your health. It is yours to keep and review with your doctor; you do not need to return it to us.



BlueShield of
Northeastern New York

My doctors

List all of your current doctors and why you see them.

Doctor name	Why you see him/her

My medications

List all of your medications – including over-the-counter, herbal supplements, and vitamins. Ask if you need a blood test to monitor your medications.

Medication name	Dose	Frequency	What it is treating

My health conditions and concerns

List all conditions or symptoms you may be experiencing (i.e., pain, dizziness, trouble balancing, bladder leakage, etc.).

Condition name and/or symptoms	Currently managed by a doctor	Just have questions	Need an appointment

Note to doctors:

Please ensure all information obtained during the annual wellness visit is reflected in the claim sent to BlueShield of Northeastern New York. Patient's annual wellness visits should be billed as follows: initial visit G0438, subsequent visits G0439, bundled visits (annual wellness visit + physical exam) 99 code + G04XX. MNS208

Review with your doctor

Check off the following items* and record your results as you talk with your doctor.

Annual wellness visit checklist	Frequency	Date and results
<input type="checkbox"/> Height, weight, body mass index (BMI)	Yearly or as directed by your doctor	
<input type="checkbox"/> Blood pressure	Yearly or as directed by your doctor	
<input type="checkbox"/> Flu vaccine	Yearly	
<input type="checkbox"/> Pneumococcal (pneumonia) and Hepatitis B vaccines	As directed by your doctor	
<input type="checkbox"/> Hepatitis C virus (HCV) or human immunodeficiency virus (HIV) screening	As directed by your doctor	
<input type="checkbox"/> Discuss medications and supplements (including calcium and vitamins), especially after an inpatient stay	At each visit	
<input type="checkbox"/> Review diet and level of physical activity	At each visit	
<input type="checkbox"/> Discuss any changes in your mental or physical health	At each visit	
<input type="checkbox"/> Discuss any falls, vision or hearing impairment, or problems with balance or walking	At each visit	
Additional screenings	Frequency	Date and results
<input type="checkbox"/> Colorectal cancer screening	As directed by your doctor	
<input type="checkbox"/> Bone density screening (if applicable)	As directed by your doctor	
<input type="checkbox"/> Blood test to screen for diabetes or heart disease	As directed by your doctor	
<input type="checkbox"/> Comprehensive eye exam	As directed by your doctor	
<input type="checkbox"/> Abdominal aortic aneurysm screening (if applicable)	As directed by your doctor	
<input type="checkbox"/> Breast exam and mammogram (if applicable)	As directed by your doctor	

*General recommendations for age 65 and up.

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-329-2792 (TTY 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-329-2792 (TTY 711)。



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