

Name & Demographic Information		Date	
First		Last	
Address		City	
State/Province		Zip/Postal	
Gender		Race	
Age		Height	ft in or cm
Education Level		Weight	lbs or kg

Personal Health Status	
My health has _____ in the past year.	Use note section below for more detail.
<p><i>I have</i> been previously diagnosed with:</p> <ul style="list-style-type: none"> Heart disease High blood pressure High cholesterol Diabetes Pre-diabetes Stroke Cancer 	<p><i>My father, mother, brother, or sister</i> has/had:</p> <ul style="list-style-type: none"> Heart disease High blood pressure High cholesterol Diabetes Pre-diabetes Stroke Cancer
My last physician visit was _____	My last dental exam was _____
<p>Men's Health:</p> <p>Glaucoma/eye test</p> <p>Fecal occult/colorectal exam</p> <p>Prostate exam (PSA)</p>	<p>Women's Health:</p> <p>Glaucoma/eye test</p> <p>Fecal occult/colorectal exam</p> <p>Pap test/pelvic exam</p> <p>Mammogram test</p>
Notes on personal health status:	

Personal Safety & Behavior	
I wear my seatbelt	Alcohol & Driving
Alcohol use	Tobacco use
I practice safe sex	STD testing
Hepatitis vaccination	Flu shot
Skin protection	Helmet use
Home Safety	(for cycling, motorbikes, snowboarding, etc.)
Smoke detectors	Bathroom

Personal Fitness & Nutrition	
Cardio/aerobic exercise	Stretching (including yoga)
Strength/weight training	Walking (> 20 minutes)
Nutrition Choices	
I eat three meals a day	I eat fast food
Fruits & vegetables	Fish & poultry
Red meat	Bread & grains
I take a daily multivitamin	

Work Environment	
I like my job	I like the people I work with
High pressure work	I worry about money
Work affects my sleep	Work affects my appetite
Quality of management	Work-life balance
(Supervision in my workplace)	(Maintaining a work-life balance)

Social & Emotional Health	
Most days I feel	I enjoy my favorite activities
In the past year, my mood has	I feel fatigued or tired
I can count on emotional support from friends	I can count on emotional support from family

Activities of Daily Life (ADL/IADL)	(For age 60+ and Medicare beneficiaries)
Drives own car	Other transportation
Using telephone	Shopping
Manage money	Manage medications
Laundry	Food preparation
Housekeeping	Dressing
Bathing	Toileting
Ability to walk	Feeding

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Questions, comments, support or change requests:

(info@mybraintest.org)

[Medicare Annual Wellness Exam Form Sample Template](#)

[Medicare Preventive Screening Schedule \(PPPS\) Template](#)