

The Patient Health Questionnaire (PHQ-9)

Patient Name _____ Date of Visit _____

Over the past 2 weeks, how often have you been bothered by any of the following problems?

	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Column Totals _____ + _____ + _____

Add Totals Together _____

10. If you checked off any problems, how difficult have those problems made it for you to
Do your work, take care of things at home, or get along with other people?

- Not difficult at all Somewhat difficult Very difficult Extremely difficult

GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems?

Not at all

Several days

More than half the days

Nearly every day

(Use "✓" to indicate your answer)

1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

(For office coding: Total Score T ____ = ____ + ____ + ____)

ANNUAL PREVENTIVE VISIT NOTICE

Patient: _____

Date of Service: _____

You are having your annual preventive wellness exam today. Our goal is to provide you with the best medical care possible. Annual physical exams give us a chance to address your overall physical and emotional health. The preventative care we provide during a physical also includes an assessment of dietary and exercise habits, review of vaccinations, discussion of screening tests, lifestyle behaviors, etc. We often look in on chronic stable problems such as high blood pressure, arthritis, and/or other ongoing medical conditions, though we don't always charge for that, depending on the degree of difficulty or amount of time spent.

Regular office visits differ from the preventative and wellness care provided at a physical because they address other new ongoing or poorly controlled medical problems. These types of problems need to be addressed in an appointment separate from a preventative or physical exam. If, however, we adequately cover required preventative and wellness care during the physical, sometimes we will have time to address other issues. You OR your doctor may identify an issue that may need to be addressed during a physical, separate from preventative care.

Our goal is to address as much as we can in a quality manner during visits. Please note that the insurance companies do allow providers to address additional complaints beyond a physical examination, if there is time. If additional problems are found or addressed, an additional office evaluation code will be generated in addition to a preventive physical examination code. This essentially generates an extra charge to the insurance company for issues addressed beyond preventative care, which in turn may require you to pay additional copay, coinsurance or deductible charges.

The coding rules set by the healthcare industry, specifically state, *"If an abnormality is encountered or a pre-existing problem is addressed in the process of performing this preventative medicine evaluation service, then the appropriate visit code should also be reported."* We can actually fail an audit if we violate these rules. You have entrusted us with your medical care. Please also trust that we practice the highest integrity with our billing

practices. Our goal is to provide excellent care and take appropriate time doing it.

Please also note that various laboratory studies we recommend as part of your annual preventive wellness exam may not be considered preventive by your insurance carrier. We will do our best to provide documentation of medical necessity to your insurance carrier. However, your insurance carrier is likely to adjudicate these lab charges toward your annual deductible, coinsurance or copay.

You may speak with your provider if you have any questions regarding the charges from your preventative care/physical today.

Sincerely,

Your providers at Family Medical Center

I have read the Annual Preventive Visit Notice and understand that I may be billed an additional charge from my insurance company. This charge may be a copay, coinsurance or deductible and I will be responsible for payment of this additional charge.

Signature of Patient/Guarantor

Date