

Medicare Questionnaire Completion During E-Check In

If you are scheduled for a Medicare Annual Wellness visit, you will be prompted to complete a questionnaire during the process of E-Check In

Try It Out

1. During E-Check In, you will be prompted to complete the Medicare Annual Wellness Visit Screening



2. There are three types of questions within the questionnaire

Fall Risk Screening

	No	Yes
In the last year, have you had 2 or more falls, trips or stumbles where you landed on the ground?	<input type="radio"/>	<input type="radio"/>
In the last year, have you had 1 or more falls, trips or stumbles where you hurt yourself?	<input type="radio"/>	<input type="radio"/>

CONTINUE **CANCEL**

For some questions you will need to click a circle to make a selection

Medicare Annual Wellness Visit Screening

For an upcoming appointment with **Fernando Ferro, MD** on 4/3/2020

Indicate if you have any of the following:

Get dizzy or lightheaded when you change positions?

The answers for some questions will be point and click buttons



Medicare Annual Wellness Visit Screening

For an upcoming appointment with **Fernando Ferro, MD** on 4/3/2020

Medicare Health Assessment

In the past seven days, how many days did you exercise?

3

Other questions will have free text fields for you to type your answers

3. When you have completed the questions on the screen, click **Continue**

Medicare Annual Wellness Visit Screening

For an upcoming appointment with **Fernando Ferro, MD** on 4/3/2020

Fall Risk Screening

No

In the last year, have you had 2 or more falls, trips or stumbles where you landed on the ground?

In the last year, have you had 1 or more falls, trips or stumbles where you hurt yourself?

CONTINUE

CANCEL

4. When you have reached the final page of the questionnaire, the questions with your answers will display
5. If needed, click the pencil icon next to an answer to edit the answer. Doing this will jump you to the question. Once you have edited the answer, click **Continue**
6. When complete, click **Submit**



Do you have difficulty managing your finances?	No	
Do you have difficulty shopping or going to appointments without assistance?	No	
Do you have difficulty using the telephone?	No	
Do you have difficulty managing your medications?	No	
Do you have difficulty doing housework or laundry?	No	
Do you have difficulty driving?	No	
PHQ-2 Screening		
Little interest or pleasure in doing things?	Not at all	
Feeling down, depressed, or hopeless?	Not at all	
Advance Care Directives		
Do you have a living will?	Yes	
Do you have a Healthcare Power of Attorney?	No	
Who is your Healthcare Power of Attorney?		

Click the pencil to edit an answer

BACK **SUBMIT** **CANCEL**