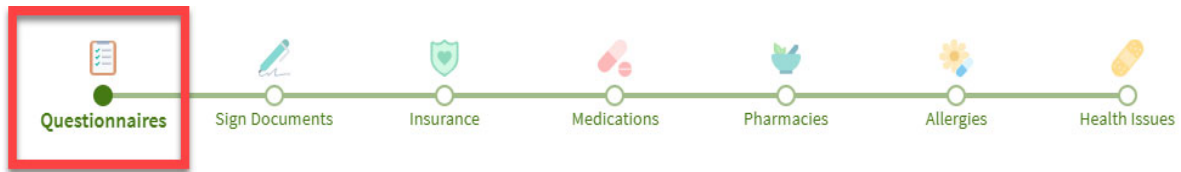


Medicare Questionnaire Completion During Prepare To Join

If you are scheduled for a Medicare Annual Wellness visit, you will be prompted to complete a questionnaire during the process Prepare To Join.

Try It Out

1. During prepare to join, you will be prompted to complete the **Medicare Annual Wellness Visit Screening**.



2. There are three types of questions within the questionnaire.

Medicare Annual Wellness Visit Screening

For an upcoming appointment with Fernando Ferro, MD on 3/3/2026

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](#)

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

Medicare Annual Wellness Visit Screening

For an upcoming appointment with Fernando Ferro, MD on 3/3/2026

Medicare Health Assessment

During the past four weeks, how would you rate your health in general?

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



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 3/3/2026

Advance Care Directives

Do you have a living will?

Do you have a Healthcare Power of Attorney?

Who is your Healthcare Power of Attorney?

4. When you have reached the final page of the questionnaire, your answers will be displayed once you click **Responses**.

Medicare Annual Wellness Visit Screening

For an upcoming appointment with Fernando Ferro, MD on 3/3/2026

Submit your responses. Or, review first and then submit.

▼



5. If you need to make edits to a question, click the pencil icon next to an answer. Once you have edited the answer, click **Submit**.

Medicare Annual Wellness Visit Screening

For an upcoming appointment with Fernando Ferro, MD on 3/3/2026

Submit your responses. Or, review first and then submit.

Responses

Question	Answer	Edit
Fall Risk Screening		
In the last year, have you had 2 or more falls, trips or stumbles where you landed on the ground?	No	Edit
In the last year, have you had 1 or more falls, trips or stumbles where you hurt yourself?	No	Edit
Advance Care Directives		
Do you have a living will?	Yes	Edit
Do you have a Healthcare Power of Attorney?	No	Edit
Who is your Healthcare Power of Attorney?		Edit

Click the pencil to edit the answer

Submit Back