

WCSD PCP Annual Wellness Visit Form

Use this form as a guide for your annual appointment. To ensure your annual wellness visit is covered by your insurance plan, it must be scheduled as a preventative care visit. Please inform your provider that this is your Annual Wellness Visit when making the appointment.

Date: _____

| SCREENING | GOAL | RESULTS |
|---------------------|------------------------------|---------|
| Height | N/A | _____ |
| Weight | Varies | _____ |
| Blood Pressure | 119/79 or less | _____ |
| Body Fat Percentage | Women: 18-32% Men: 10-25% | _____ |

LAB WORK DATA SHEET

| | | |
|-------------------|-----------------------|-------|
| Total Cholesterol | Less than 200 mg/dL | _____ |
| LDL Cholesterol | Less than 130 mg/dL | _____ |
| HDL Cholesterol | Greater than 60 mg/dL | _____ |
| Triglycerides | Less than 150mg/dL | _____ |
| Blood Sugar | Less than 100mg/dL | _____ |

****These goals are general. Talk to your doctor about what your specific goals should be***

Other important things you can discuss with your doctor:

- Review of your medical and family history
- Screenings based on your age, gender and risk factors (cancer screenings)
- Discussion of health goals and lifestyle habits (diet, exercise, tobacco use)
- Creation or update of a personalized prevention plan

Important:

This visit is not meant for diagnosing or treating new or existing conditions. If additional concerns are addressed during your appointment, they may be billed separately and may not be fully covered under preventative care. Contact the number on the back of your insurance card for coverage details.

