

Ninth Street Internal Medicine Associates 805 Locust Street Philadelphia, PA 19107

HOME SAFETY

- In all living areas, avoid throw rugs and secure any loose carpet edges with nonskid tape.
- Make sure the floor is devoid of clutter and nightlights or motion-sensitive lighting are maintained throughout the home.
- Adding contrasting color strips to stairs aids in weakened depth perception and implementing grab bars and handrails helps with depreciated balance.
- Emergency numbers should be listed in large print by each phone. It's also smart to consider installing an electronic emergency response system, like Life Alert®

MEDICATION SAFETY

- Know the names of your medicines.
- Complete a Medication List and keep the list updated. Take it with you on each visit to your doctor or pharmacist, and whenever you travel away from home.
- Take your medicines until they're gone. This is especially important for antibiotics. If you are prescribed two weeks' worth of pills, don't stop them in a few days "because you're feeling better." These medicines need to be taken for the total duration of time that they are prescribed to completely clear the infection and keep it from coming back.
- Don't mix pills in bottles with other pills. Keep them in their original container (unless you place them in a dispenser).
- Be alert for any side effects, especially when starting a new medicine or increasing the dose of an existing medicine. Any new symptom in an older adult should be considered a medicine side effect until proved otherwise. Check with your doctor or pharmacist if you have any questions or suspect that your medicine may be causing problems.
- Use one pharmacy for all your prescription medicines. This will reduce the chance that you will obtain conflicting medicines from different pharmacies.
- Ask your pharmacist's advice before splitting or crushing any pills. Some pills should only
 be swallowed whole and may produce dangerous effects if the pill is altered.
- Keep all medicines out of the reach of children.
- Discard any medicines that you are no longer taking. Having old medicines around the house increases the risk that you or a family member might take them by accident, or that a child might get into them. Keep your medicines securely stored in a safe place.



Phone: 215-440-8681

Fax: 215-440-9953

PATIENT NAME:	 DATE:	
DOB		

Medicare Annual Wellness Visit Self-Assessment Form

To us better identify your health risks and strategies to reduce them, please answer the following questions based upon how you have felt for the past 2 weeks.

1.	Has your physical or emotional health limited your social activities with family or friends?	YES	NO		
2.	Are you able to eat, bathe, get dressed and get around in your home without help?		NO		
3.	Are you able to prepare your own meals?	YES	NO		
4.	Are you able to do your own housekeeping without help?	YES	NO		
5.	Are you able to shop without help?		NO		
6.	. Can you handle your own money without help?		NO		
7.	Are you able to travel independently by bus or taxi?	YES	NO		
8.	Are you in need of someone to help with chores, emotional support, or care in your home?	YES	NO		
9.	Do you drive a car?	YES	NO		
	if yes: do you have difficulty driving	YES	NO		
10.	Do you have problems with your hearing?	YES	NO		
11.	. Do you have trouble eating well?		NO		
12.	2. Do you have trouble with your teeth or dentures?		NO		
13.	3. Have you fallen two or more times in the past year?		NO		
14.	Do you have difficulty with dizziness when standing up or problems with balance?	YES	NO		
15.	Are you afraid you will fall?	YES	NO		
16.	Do you have slippery rugs, bathtubs or clutter which might cause you to fall?	YES	NO		
17.	Do you have any urinary leakage or loss of bladder control?	YES	NO		
18.	Do you have difficulty taking medicine the way you are instructed?	YES	NO		
19.	How much pain do you have on a daily basis? (No Pain) 0 1 2 3 4 5 6 7 8 9 10 (Severe)				
20.	How confident are you that you can control and manage most of your health problems? No health problems Very Somewhat Not Very				
21.	How often do you get the social & emotional support that you need? Always Usually Sometimes Never				
22.	2. How many days per week do you exercise?				
23.	3. When was your last dilated eye exam?				
24.	Name of your Eye Specialist				



Patient's Name	
----------------	--

Medicare Preventative Services Recommendations for You

Ш	Mammogram every 1- 2 years for women until age 85
	Glaucoma screening with your optometrist or ophthalmologist every 2 years
	Vision screening as recommended by your eye care provider
	Diabetes screening every year
	Cholesterol screening at least every 5 years
	Colonoscopy screening every 10 years until age 75 or more frequently as recommended
	Influenza vaccine yearly
	Shingles vaccine once after age 60 (This may or may not be covered by Medicare part D depending upon insurance coverage purchased by patient)
	Pneumonia vaccine (Pneumoccal-23) once after age 65 (This is covered by Medicare)
	Other Pneumonia vaccine (Prevnar-13) once after age 65 (This is covered by Medicare)
	Tetanus /pertussis/diphtheria booster once after age 65 and every 10 years (This is NOT paid for by Medicare and is an additional cost to the patient)
	DEXA scan screening for osteoporosis in women after age 65 and in high risk men after age 70
	Stop smoking
	Decrease alcohol
	Exercise for 30 minutes or more 3 times a week
	Lose weight
	Dietary Recommendations: • Make one half your plate fruits and vegetables • Make at least half your grains whole • Choose foods and drinks with little or no added sugars

- Eat fewer foods that are high in saturated fats (animal fat, butter, cream, whole milk, stick margarine, coconut and palm oil
- Eat the right amount of calories for you (get your personal daily calorie limit at www.ChooseMyPlate.gov)
 - Use food labels to help you make better food choices

• Look out for salt (sodium) in foods you buy