

For Office Use Only

Health Wellness Assessment (HWA) Checklist

Height: _____ Weight: _____ BMI: _____ BP: _____ / _____ P: _____

PHQ – 2 Score: _____ PHQ – 9 Score (if indicated): _____

Other mental health screen, if indicated: (name/score) _____

Mini - Cog Score: _____

Other cognitive screen, if indicated: (name/score) _____

Time Up and Go: _____

- Home safety checklist reviewed
- Personal Preventive Plan completed and reviewed with patient

Information/Education Provided:

- Exercise
- Healthy Eating
- Dietary Supplements
- Food Banks/Meals on Wheels
- Fall Prevention
- Pain
- Depression
- Sleep
- Cognitive Impairment
- Medication Use
- Transportation Resources
- Caregiver Resources
- Abuse Prevention
- Scam Prevention
- Veteran's Benefits
- Health Insurance Counseling Advocacy Program (HICAP)
- Speech/Hearing Center
- Braille Institute
- Advance Directive/Living Will
- Adult Day Care
- Alzheimer's Assoc
- Long Term Support Services (LTSS)
- Other _____

Referrals Made/Provided:

- Dental
- Optometry
- PT Evaluation
- Pain Management
- Dementia Evaluation
- Psychiatry/Counseling/Behavioral Health
- Dietician/Nutrition Counseling
- Bone Mineral Density
- Colonoscopy
- Mammogram
- Pap Smear
- Alcohol Reduction
- Tobacco Cessation
- Chronic Disease Self-Management Class
- Case Management
- Driving Evaluation
- Friendly Visitor Program
- Other _____