

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.

