eternalHealth
The Next Generation of Medicare Advantage

Adding a standardized AWV documentation template can help providers meet CMS requirements, support RAF capture, and ensure they qualify for the incentive payment.

Sample Annual Wellness Visit (AWV) Documentation Template

Patient Name: _____

DOB: _____

Date of Service: _____

Provider: _____

AWV Type:

☐ G0402 Initial Preventive Physical Examination (Welcome to Medicare)

☐ G0438 Initial Annual Wellness Visit

☐ G0439 Subsequent Annual Wellness Visit

☐ G0468 – Initial Preventive Physical Examination (FQHC)

1. Health Risk Assessment (HRA)

Self-Reported Health Status

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

Current Providers/Specialists

_____

Medical History Reviewed

☐ Yes

Surgical History Reviewed

☐ Yes

Family History Reviewed

☐ Yes

Social History Reviewed

☐ Tobacco Use ☐ Alcohol Use ☐ Substance Use ☐ Living Situation ☐ Social Determinants of Health

2. Medication Review

Medications reviewed and reconciled:

☐ Yes

Medication changes discussed:

_____

3. Functional Assessment

Activities of Daily Living (ADLs)

Patient independent with:

☐ Bathing ☐ Dressing ☐ Toileting ☐ Transferring ☐ Eating ☐ Continence

Assistance Required:

_____

4. Cognitive Assessment

Assessment Performed:

☐ No concerns identified

☐ Concerns noted

Comments:

_____

5. Depression Screening

PHQ-2/PHQ-9 Completed:

☐ Negative

☐ Positive

Score: _____

Plan:

_____

6. Fall Risk Assessment

Falls in Last 12 Months:

☐ No

☐ Yes

Injury from Fall:

☐ No

☐ Yes

Fall Prevention Counseling Provided:

☐ Yes

7. Preventive Screening Review

Screening	Status
Colorectal Cancer Screening	☐ Complete ☐ Due
Breast Cancer Screening	☐ Complete ☐ Due
Cervical Cancer Screening	☐ Complete ☐ Due
Lung Cancer Screening	☐ Complete ☐ Due
Bone Density Screening	☐ Complete ☐ Due
Diabetic Eye Exam	☐ Complete ☐ Due
Diabetic Kidney Evaluation	☐ Complete ☐ Due
Vaccinations Reviewed	☐ Yes

8. Vital Signs

Height: _____

Weight: _____

BMI: _____

Blood Pressure: _____

Pulse: _____

9. Chronic Condition Assessment (RAF Capture Opportunity)

Document all chronic conditions addressed, evaluated, assessed, monitored, or treated during today's visit (MEAT Criteria).

Condition	Status	Assessment/Plan
Diabetes	☐ Stable ☐ Uncontrolled	_____
COPD	☐ Stable ☐ Uncontrolled	_____
CHF	☐ Stable ☐ Uncontrolled	_____
CKD	☐ Stable ☐ Uncontrolled	_____
Depression	☐ Stable ☐ Uncontrolled	_____
Other	_____	_____

Additional Diagnoses Addressed

_____

Provider Note: *Ensure all active chronic conditions impacting patient care are documented to support accurate risk adjustment and RAF scoring.*

10. Care Gap Closure

☐ Medication Reconciliation Completed

☐ Preventive Screenings Ordered

☐ Immunizations Recommended/Administered

☐ Specialist Referrals Provided

☐ Advance Care Planning Discussed

☐ Care Plan Updated

11. Personalized Prevention Plan

Recommendations Provided:

☐ Diet/Nutrition Counseling

☐ Exercise Counseling

☐ Weight Management

☐ Tobacco Cessation

☐ Fall Prevention

☐ Chronic Disease Management

☐ Mental Health Support

Additional Recommendations:

_____

12. Provider Attestation

I personally performed and/or supervised this Annual Wellness Visit, reviewed the patient's medical history, risk factors, preventive service needs, and addressed all applicable chronic conditions documented during this encounter.

Provider Signature: _____

Date: _____

Complete AWV documentation, closure of care gaps, and accurate chronic condition documentation help improve member outcomes while supporting appropriate RAF capture and quality performance measures.