

Thank you for welcoming us into your home today. You and your primary doctor will both receive letters summarizing the visit and any lab results.



Providers: Fill out the form and document any concerns from the In-Home Health Evaluation for the member to review with their primary doctor.

Your next PCP visit is on: _____

Vital Signs

Temperature

Height

Weight

BMI

Blood pressure

Heart rate

Labs, Tests, and Services Completed During the Visit

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> HbA1c (average blood sugar) _____ <input type="checkbox"/> uACR Urine Test: _____ <input type="checkbox"/> Albumin _____ / Creatinine <ul style="list-style-type: none"> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Inconclusive <input type="checkbox"/> Bone Density Screening <ul style="list-style-type: none"> <input type="checkbox"/> Normal bone density range <input type="checkbox"/> Osteopenia range <input type="checkbox"/> Osteoporosis range <input type="checkbox"/> Spirometry <ul style="list-style-type: none"> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Inconclusive | <ul style="list-style-type: none"> <input type="checkbox"/> Peripheral Artery Disease (PAD) screening <ul style="list-style-type: none"> <input type="checkbox"/> Normal (1.0-1.40) <input type="checkbox"/> Borderline (0.9-0.99) <input type="checkbox"/> Mild (0.6-0.89) <input type="checkbox"/> Moderate (0.3-0.59) <input type="checkbox"/> Severe (0.0-0.29) <input type="checkbox"/> Colorectal Cancer screening
(FIT lab kit left behind with instructions for you to complete) <input type="checkbox"/> Diabetic Eye Exam
(Results provided after visit in letter) <input type="checkbox"/> Comprehensive Medication Review (CMR) <ul style="list-style-type: none"> <input type="checkbox"/> Non-urgent referral to Pharmacist or PCP <input type="checkbox"/> Urgent referral to Pharmacist or PCP
(Results discussed will be mailed after visit within 2 weeks) |
|--|---|

Additional Tests and Notes

Drug Disposal Locations

1. _____ 2. _____

Unused or expired medications should be properly disposed. To learn more, or find a safe drug disposal location, please visit: [hhs.gov/opioids/prevention/safely-dispose-drugs/index.html](https://www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html) or apps.deadiversion.usdoj.gov/pubdispsearch

Based on our visit today, we recommend you take the following actions:

Talk to your physician about your medication plan:

- Talk to your doctor about aspirin
- Go over your medications with your personal doctor or pharmacist
- Figure out a way to make it easier to take your medicine. Ask your doctor, pharmacist, or health plan for help

Stay up to date on your vaccines:

- Go over your vaccination plan with your doctor (yearly)
- Flu vaccine (yearly)
- Pneumonia vaccine
- Shingles vaccine (once or twice after age 50)
- Tetanus/diphtheria/pertussis (Tdap) (every 10 years)
- Hepatitis vaccine (if needed)

Talk to your doctor about these important health screenings:

- Complete eye exam
- Blood screening
- Bone density screening
- Colorectal cancer screening
- Aneurysm screening (once for men ages 65 to 75 if they have ever smoked)
- Prostate cancer screening (men older than 50)
- Breast cancer screening and/or counseling (especially for women whose family history has breast cancer)
- Dental exam

Tips for general health and wellness:

- Monitor blood pressure if it is higher than normal
- Talk about bladder control problems with your doctor
- Create a Living Will to plan ahead
- Find new ways to improve your eating habits, increase your activity level and maintain your weight

If you have diabetes or are at risk for diabetes – talk to your doctor about the following:

- Testing for A1c, cholesterol, and kidney health
- Medicine that might help your kidneys (ACEi, ARB)
- Medicine to lower your cholesterol (statins)
- Nerve screening (yearly)
- A diabetes self-management program (yearly)
- Scheduling an eye exam (yearly)

If you have heart failure – talk to your doctor about the following:

- Medications that might help (diuretics, ACEi, ARB)

Fall risk – How to prevent a fall:

- Add more lighting so you can see obstacles on the floor
- Add handrails in hallways and/or bathrooms
- Put non-skid material under loose rugs or remove them entirely
- Consider making it easier to access your home by adding a ramp or a railing
- Consider a fall reduction program and talk to your doctor about ways to prevent falls

Tobacco use:

- Participate in a program to help you stop smoking. Your doctor or health plan can get you started
- Talk to your doctor about a lung cancer screening

Other:

If you have any questions or want to give us some feedback, please call **Signify Health Member Services at 1-855-319-4448 (TTY 711), Monday – Friday, 7 a.m. to 6 p.m. CT.**

Keep a record of your vitals, medications and other required medical information in one place.

For more information, visit [signifyhealth.com](https://www.signifyhealth.com)