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Scan this QR code with your mobile device or visit [Humana.com/medicare/medicare-resources/annual-wellness-visit](https://www.humana.com/medicare/medicare-resources/annual-wellness-visit).

Schedule your appointment

Contact your primary care provider's office and request an appointment for a Medicare Annual Wellness Visit.

Humana®

It's time to schedule your Annual Wellness Visit

Your Annual Wellness Visit is a great way to create a personalized plan for managing your health. It's a chance to talk with your doctor, go over any questions or concerns you may have and feel confident in your health plan. It's also an opportunity to talk about any preventive care that may be needed in the coming year and hear your doctor's recommendations.

Earn a \$25 Go365 reward when you schedule and complete your visit

In addition to helping you work toward a healthy year, completing your Annual Wellness Visit will earn you a \$25 reward* through Go365 by Humana®.

We've made it simple for you to prepare for your visit

Complete your Annual Wellness Visit checklist ahead of time to get ready for your visit. It's a great way to take a look at your overall health and wellness and see how you're feeling.

A step toward better health, at no cost to you

You won't have a copay or cost associated with your Annual Wellness Visit—it is included in your Humana plan. And as a reminder, scheduling and completing your visit will earn you a \$25 Go365 reward.

*Amounts shown represent the value of the reward, not actual dollars. Rewards have no cash value and can only be redeemed in the Go365 Mall. Rewards must be earned and redeemed within the same plan year. Any rewards not redeemed by December 31 will be forfeited.

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Annual Wellness Visit checklist

Below are questions you can review before your appointment. Check any that may apply to you and tell your doctor about any changes since your last visit.

Your physical health

	Yes	No		Yes	No
Have you been in the hospital?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been in the emergency room?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have chest pain?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been in the urgent care center?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have headaches?	<input type="checkbox"/>	<input type="checkbox"/>
Have you fallen?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
Have you lost your balance?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have vision loss?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have joint pain or stiffness?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have hearing loss?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have bowel problems?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have skin changes?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have bladder/urinary problems?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have memory concerns?	<input type="checkbox"/>	<input type="checkbox"/>

Your emotional health

	Yes	No		Yes	No
Are you lonely or isolated?	<input type="checkbox"/>	<input type="checkbox"/>	Are you out of touch with family or friends?	<input type="checkbox"/>	<input type="checkbox"/>
Are you sad or depressed?	<input type="checkbox"/>	<input type="checkbox"/>	Are you worried about your finances or the future?	<input type="checkbox"/>	<input type="checkbox"/>
Are you moody?	<input type="checkbox"/>	<input type="checkbox"/>	Are you having regular mental health check-ins with programs and/or professionals?	<input type="checkbox"/>	<input type="checkbox"/>

Your lifestyle

Are you	<input type="checkbox"/>	walking more	<input type="checkbox"/>	or walking less?
Are you	<input type="checkbox"/>	exercising more	<input type="checkbox"/>	or exercising less?
Are you	<input type="checkbox"/>	gaining	<input type="checkbox"/>	or losing weight?
Are you	<input type="checkbox"/>	eating more	<input type="checkbox"/>	or eating less?
Are you	<input type="checkbox"/>	drinking more alcohol?	<input type="checkbox"/>	or drinking less alcohol?
Are you	<input type="checkbox"/>	smoking more	<input type="checkbox"/>	or smoking less?
Are you	<input type="checkbox"/>	using marijuana	<input type="checkbox"/>	or CBD?
Are you	<input type="checkbox"/>	sleeping more than usual	<input type="checkbox"/>	or unable to get a good night's sleep consistently?

Your medications

	Yes	No
Are you taking your medications as prescribed?	<input type="checkbox"/>	<input type="checkbox"/>
Are you taking any new medications?	<input type="checkbox"/>	<input type="checkbox"/>
Are you skipping medications because you: <input type="checkbox"/> don't have transportation, <input type="checkbox"/> can't afford them, or <input type="checkbox"/> forget to take them?		
Are you taking any supplements (vitamins, minerals, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Are you taking any over-the-counter medications (used to treat pain, coughs, colds, flu, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Are you not taking any medications because of the side effects?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any side effects with your current medications?	<input type="checkbox"/>	<input type="checkbox"/>