

Sample screening form

Medicare is requesting that primary care physicians perform annual screenings for depression, alcohol, and cardiovascular disease, as well as provide counseling for patients with identified problems with alcohol, tobacco, or sexually transmitted diseases. Screening for these issues has been shown in scientific studies to benefit health.

In order to demonstrate to Medicare that the screenings are being done, our office transmits a code that Medicare has developed. This code will show up on your "explanation of benefit" form or bill, and will be covered 100% by Medicare with no co-pay or deductible. The code does NOT indicate that you have a problem with alcohol, depression, etc, only that we screened for these issues as required. To comply with Medicare guidelines, Dr. Rock Star would sincerely appreciate if you would fill out this simple form.

**Depression Screening**

During the past month, have you often been bothered by:

1. Little interest or pleasure in doing things?  Yes  No

2. Feeling down, depressed, or hopeless?  Yes  No

**Alcohol Screening** (note: 1 drink = 1.5 oz or "shot" of liquor; 5 oz of wine; or 12 oz of beer)

Do you drink more than 7 drinks per week?  Yes  No

Do you drink greater than 3 drinks per occasion?  Yes  No

Have you ever felt the need to cut down on drinking?  Yes  No

Does anyone ever annoy you by commenting on your drinking?  Yes  No

Do you feel guilty about drinking?  Yes  No

Do you ever have a morning "eye-opener?"  Yes  No

**Cardiovascular disease screening**

Do you take an aspirin daily?  Yes  No

**Sexually transmitted disease screening**

Do you have any concerns about STDs?  Yes  No

Would you like to have an HIV test?  Yes  No

Do you have any of the following risk factors:

Multiple sex partners, using barrier protection inconsistently, having sex under the influence of alcohol or drugs, having sex for money or drugs, an STD in the last year, IV drug use, or men having sex with men

Yes  No