

McLaren Print System Order

Order No: 42192 Reprint Previous Order No: 5565
Order Date: 2019-01-24
User: Dawn Caspers
Phone: 248-674-0388

Ship Location: Attn Dawn Caspers
4000 Highland Rd Suite 114
Waterford , MI 48328

Forms

Quantity: 100
Paragon Dept No: 73050
Dept Name:
Company Number: 810

Order Total Price: 0.00

Item Number: MM-34585
Item Description: Welcome to Medicare Exam
Revision Date: 8/2013
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLaren Medical Group
"Welcome to Medicare" Exam
Medicare eligibility info: Date of exam: Sex of patient:
MEDICARE HISTORY
Medicare: Medicare or Medicaid:
Date: Hospitalized: Drug regimen:
Tobacco use:
Medications, supplements and vitamins: Alcohol use:
Drug use:
Social history notes (including diet and physical activities):
Family history notes:
DEPRESSION SCREEN
1. Over the past two weeks, have you felt down, depressed or hopeless?
2. Over the past two weeks, have you felt little interest or pleasure in doing things?
FUNCTIONAL ABILITY/SAFETY SCREEN
1. Has the patient's vision in 6 or less weeks or longer than 30 weeks?
2. Do you need help with the phone, transportation, shopping, preparing meals, housework, laundry, medications or managing money?
3. Have your feet been sore in the hallway, bed or bathroom, both hands on the stairs or back pain (lifting)?
4. Has there been any memory difficulty?
PHYSICAL EXAMINATION
Height: Weight: Blood pressure:
Head weight: Body Mass Index:
ELECTROCARDIOGRAM
Pulsed or read:
Respiratory/olfactory/visual/hearing, vision and hearing:
ADVANCE DIRECTIVE
Printed by: Date of last: Date given: Signature:
"Welcome to Medicare" Exam