

McLaren Print System Order

Order No: 46764 Reprint Previous Order No: 5303
Order Date: 2019-07-03
User: TINA PLAUTZ
Phone: 248-674-2259

Ship Location: MCLREN OAKLAND WATERFORD MEDICAL ASSOCIATES
5210 Highland Rd, Suite 201
WATERFORD, MI 48327

Forms

Quantity: 100
Paragon Dept No: 73000
Dept Name: Waterford Medical Associates
Company Number: 810

Order Total Price: 16.76

Item Number: MM-56
Item Description: Medicare Annual Wellness Visit
Revision Date: 08/2013
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: Staple (Upper Left)
Drill: None
Misc Info:

McLaren Medical Group
Medicare Annual Wellness Visit
Patient's name: _____ D.O.B.: ____/____/____
Part B eligibility date: ____/____/____ Date of exam: ____/____/____ Allergies: _____
Medical and social history
Past personal illnesses, injuries, operations Date Hospitalized?
Tobacco use: _____
Alcohol use: _____
Drug use: _____
Medications, supplements, vitamins: _____
Current list of patient's providers and suppliers
Name Specialty Reason Height _____
Weight _____
BMI _____
BP: _____
Visual acuity L: _____ R: _____
Family history (check those that apply)
Alcoholism Cancer High Cholesterol Seizures
Anemia, Sickle Cell Diabetes Hypertension Stroke
Atrial fibrillation Heart Disease Obesity Thyroid Disease
Bleeding Disorders Liver Disease Kidney Disease Tuberculosis
Notes:
Is the patient on a special diet? Why? _____
Detection of cognitive impairment: _____
Depression screen (ask the following questions, check the response)
1. Over the last two weeks, have you felt down, depressed or hopeless? Yes No
2. Over the last two weeks, have you lost little interest or pleasure in doing things? Yes No
Hearing loss screen
1. Do you have trouble hearing the television or radio when others do not? Yes No
2. Do you have to strain or struggle to hear/understand conversations? Yes No
Page 1 of 4
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