

McLaren Print System Order

Order No: 47860 Reprint Previous Order No: 35453
Order Date: 2019-08-20
User: Shantell Moore
Phone: 231-679-3915

Ship Location: Standish Family Medicine
4489 M-61, Suite 1
Standish , MI 48658

Forms

Quantity: 100
Paragon Dept No: 56028
Dept Name: Standish Family Medicine
Company Number: 3600

Order Total Price: 17.76

Item Number: MM-393
Item Description: I-AWV Health Risk Assessment Questionnaire 2018 form
Revision Date: 1/10/2018
Print: 2 sided black and white
Paper: 20# Goldenrod Text
Size: 8.5 x 11
Fold:
Finish: Staple (Upper Left)
Drill: None
Misc Info: 4 pages black, ds; goldenrod stock



Medicare Annual Wellness Visit Questionnaire

Patient Name: _____ Date of Birth: _____ Today's Date: _____

Please answer by checking the circle, circling the answer or filling in the blanks as appropriate.

Diet: I decline to answer

I eat a well-balanced diet Yes / No

I eat _____ (number) of items of junk food per day
I drink _____ (number) of cups of caffeinated coffee or tea per day
I drink _____ (number) of cans/bottles of soda pop per week

Type of soda pop: Name _____ Regular or Diet? and Caffeine or Decaf? (Circle how)

Dental: I decline to answer

I see a dentist _____ times a year.

I have difficulty chewing with my teeth or dentures Yes / No

Exercise: I decline to answer

- I never exercise
- I exercise _____ times a week
- I exercise _____ minutes per _____

Type of exercise: (Check all that apply)
 Walk Strength train Other: _____
 Bike Cardio
 Swim Stretching