McLaren Business Products

McLaren Print System Order

Order No: 54609 Reprint Previous Order No: 5303
Order Date: 2020-06-04
User: Kimberly Gunsell
Phone: 989-316-4272

Ship Location: McLaren Bay Family Medicine
3720 Katalin Ct Suite 201
Bay City, MI 48706
Forms
Quantity: 100
Paragon Dept No: 69000
Dept Name:
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
☐ Arthritis	☐ 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 felt 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 ☐

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Wellness Visit, Family Practice/Internal Medicine Documentation Template
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