

**McLaren Print System Order**

**Order No: 56082 Reprint Previous Order No: 35453**  
**Order Date: 2020-08-13**  
**User: melissa lawrukovich**  
**Phone: 2486560472**

**Ship Location: McLaren Oakland BayBrooke**  
**950 University**  
**Pontiac , MI**

**Forms**

**Quantity: 100**  
**Paragon Dept No: 26815**  
**Dept Name: Lake Orion Family Medicine**  
**Company Number: 810**

**Order Total Price: 9.76**

**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: None**  
**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