McLaren Business Products

McLaren Print System Order

Order No: 56193 Reprint Previous Order No: 35213
Order Date: 2020-08-20
User: Michele Lubick
Phone: 586-263-0320

Ship Location: McLaren Macomb Family Medicine-Michele
16700 21 Mile Rd., Suite 101
Macomb, MI 48044
Forms
Quantity: 100
Paragon Dept No: 71600
Dept Name: McLaren Macomb Family Medicine
Company Number: 810

Order Total Price: 0.00

Item Number: MM-391
Item Description: AWV Health Risk Assessment Subsequent visit
Revision Date: 1/2018
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold: None
Finish: None
Drill: None
Misc Info:

McLaren

Medicare Annual Wellness Subsequent Visit Questionnaire

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

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

Recent History: ○ I decline to answer

Have you been hospitalized over-night in the last year? Yes / No

If yes, the reason you were hospitalized: _____

Approximate date of hospitalization: _____

How many times a year do you see the dentist? _____

Social History: ○ I decline to answer

1. Please list any hobbies: (Knitting, woodworking, reading, etc.)
2. Please list any clubs, groups or service organizations: (Bridge, Lions, church, etc.)
3. Please list any volunteer work that you do and where: (Hospital greeter, courier, soup kitchen, etc.)
4. Retired or working part or full time? Current or former occupation?
5. Do you have any pets? If so what kind?
6. Please list any people who are currently living with you and their relationship to you: (John Husband, Jane friend, Jill granddaughter, etc.)

MM-391 (1-18)
Updated 01/10/18 ehs