McLaren Business Products

McLaren Print System Order

Order No: 6088
Order Date: 2014-09-26
User: Lisa Fogarty
Phone: 586-758-6263

Ship Location: McLaren Internal Medicine, Warren
28585 Schoenherr
Warren, MI 48088
Forms
Quantity: 100
Paragon Dept No: 71100
Dept Name: McLaren Internal Medicine, Warren
Company Number: 810

Order Total Price: 8.76

Form Number: MM-56
Form Description: Medicare First Annual Wellness Visit
Revision Date: 08/2013
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None

McLaren Medical Group

Medicare First Annual Wellness Visit

Patient's name: _____ **D.O.B.:** ___/___/_____

Part B eligibility date: ___/___/_____ **Date of exam:** ___/___/_____

Medical and social history

Past personal illnesses, injuries, operations	Date	Hospitalized?

Current list of patient's providers and suppliers

Name	Specialty	Reason

Allergies: _____

Tobacco use: _____
Alcohol use: _____
Drug use: _____
Medications, supplements, vitamins: _____

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 ☐

Wellness Visit, Family Practice/Internal Medicine Documentation Template