

McLaren Print System Order

Order No: 6938
Order Date: 2014-11-05
User: Angela DeLaRosa
Phone: 3720 Katalin Ct, Suite 201 (989) 893-9705

Ship Location: McLaren Bay Region Family Medicine/Attn Angela DeLaRosa
3720 Katalin Ct, Suite 201
Bay City, MI 48706

Forms

Quantity: 100
Paragon Dept No: 60841
Dept Name: McLaren Medical Group
Company Number: 810

Order Total Price: 0.20

Item Number: MM-34585
Item Description: Welcome to Medicare Exam
Revision Date:
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLaren Medical Group
"Welcome to Medicare" Exam
Medicare eligibility info: Date of exam: Sex of patient:
MEDICARE HISTORY
Medicare status: Date: Expired? Drug regimen:
Medications, supplements and vitamins: Alcohol use:
Social history notes (including diet and physical activities):
DIPLOMA SCREEN
1. Over the past two weeks, have you felt down, depressed or hopeless?
2. Over the past two weeks, have you felt little interest or pleasure in doing things?
FUNCTIONAL ABILITY/SAFETY SCREEN
1. Has the patient's vision in 6 or less weeks or longer than 30 weeks?
2. Do you need help with the phone, transportation, shopping, preparing meals, housework, laundry, medications or managing money?
3. Have your feet been sore in the hallway, bed or bathroom, both hands on the stairs or back pain (lifting)?
4. Have you ever had a hearing difficulty?
PHYSICAL EXAMINATION
Height: Weight: Blood pressure:
Head weight: Body Mass Index:
ELECTROCARDIOGRAM
Pulsed or read:
ADVANCE DIRECTIVE
Printed by: Date of last: Date given: Signature:
"Welcome to Medicare" Exam