

McLaren Print System Order

Order No: 8910 Reprint Previous Order No: 5565
Order Date: 2015-02-10
User: Torey Locsin
Phone: 248-808-5850

Ship Location: Front Desk
3901 Highland Rd., Suite D
Waterford, MI 48328

Forms

Quantity: 100
Paragon Dept No: 73650
Dept Name: McLaren Oakland Waterford Family Med
Company Number: 810

Order Total Price: 0.20

Item Number: MM-34585
Item Description: Welcome to Medicare Exam
Revision Date: 8/2013
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 enrollment or expiration:
Date: Expired?: Drug regimen:
Tobacco use:
Medications, supplements and vitamins: Alcohol use:
Drug use:
Social history notes (including diet and physical activities):
Family history notes:
DEPRESSION 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 seconds?
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, left your feet in the bathroom, left handrails on the stairs or tripped your footing?
4. Have you ever had a hearing difficulty?
PHYSICAL EXAMINATION
Height: Weight: Blood pressure:
Head weight: Body Mass Index:
ELECTROCARDIOGRAM
Rational or not:
Pulmonary/olfactory/visual/hearing, vision and hearing:
ADVANCE DIRECTIVE
Printed by: Date of last: Date given: Signature willing to follow Advance Directive:
"Welcome to Medicare" Exam