

McLaren Print System Order

Order No: 9799 Reprint Previous Order No: 5303
Order Date: 2015-03-13
User: Jean OHalloran
Phone: 248-969-7354

Ship Location: McLaren Oakland Oxford Family Medicine
385 N. Lapeer Road
Oxford, MI 48371

Forms

Quantity: 500
Paragon Dept No: 73600
Dept Name: Oxford Family Medicine
Company Number: 810

Order Total Price: 43.80

Item Number: MM-56
Item 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
Misc Info:

McLaren Medical Group
Medicare First Annual Wellness Visit
Patient's name: _____ D.O.B.: ____/____/____
Part B eligibility date: ____/____/____ Date of exam: ____/____/____
Allergies: _____
Medical and social history
First personal illnesses, injuries, operations Date Hospitalized?
Tobacco use _____
Alcohol use _____
Drug use _____
Medications, supplements, vitamins _____
Current list of patient's providers and suppliers
Name Specialty Reason Weight _____
Height _____
BMI _____
BP _____
Visual acuity: L _____ R _____
Family history (check those that apply)
Anemia, Sickle Cell, Arthritis, Bleeding Disorders, Alcoholism, Cancer, Diabetes, Heart Disease, Liver Disease, High Cholesterol, Hypertension, Obesity, Kidney Disease, Seizures, Stroke, Thyroid 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
Page 1 of 4
Wellness Visit, Family Practice/Internal Medicine Documentation Template
© 2014 A Tool Developed by DecisionHealth Professional Services® 1-888-262-4344