

McLaren Print System Order

Order No: 43616 Reprint Previous Order No: 5565
Order Date: 2019-03-15
User: Katie Jacobs
Phone: 9898263271

Ship Location: Main Street Family Practice-Jenny Schumaker
117 S Burgess Street
West Branch, Michigan 48661

Forms

Quantity: 500
Paragon Dept No: 69990
Dept Name: McLaren
Company Number: 810

Order Total Price: 0.00

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 exam:
MEDICARE HISTORY
Medicare: Medicare or Medicaid
Date: Hospitalized: Drug regimen:
Medications, supplements and vitamins: Alcohol use:
Social history notes (including diet and physical activities):
Health 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 up to the ankles, both feet been in the 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:
Respiratory/olfactory/visual/hearing, vision and hearing:
ADVANCE DIRECTIVE
Printed by: Date of last: Date given: Signature:
"Welcome to Medicare" Exam