

McLaren Print System Order

Order No: 43617 Reprint Previous Order No: 5303
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: 100
Paragon Dept No: 69990
Dept Name: McLaren
Company Number: 810

Order Total Price: 16.76

Item Number: MM-56
Item Description: Medicare Annual Wellness Visit
Revision Date: 08/2013
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: Staple (Upper Left)
Drill: None
Misc Info:

McLaren Medical Group
Medicare Annual Wellness Visit
Patient's name: _____ D.O.B.: ____/____/____
Part B eligibility date: ____/____/____ Date of exam: ____/____/____ Allergies: _____
Medical and social history
Past 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 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
Atrial fibrillation 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 lost 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
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