McLaren

AWV CHART PREP SHEET

Sign _____
Chg _____
Task _____
Doc _____

Date/time of current appt.: _____
Initial: _____ or Sub: _____

B/P: _____
Ht: _____
Wt: _____

Name: _____ DOB: _____ Age: _____ PCP: _____

Previous AWV DOS: _____ Last PCP DOS: _____

	Last DOS	Due
Lipids:		
Glucose:		
Hgb/A1c:		
Hep C:		

	Last DOS	Due
Vitamin D:		
Pap:		
PSA:		

DPOA: _____
ADLS: _____
Falls: _____
BMD: _____

ETOH: _____
Tobacco: _____
Dementia: _____
Hearing: _____
Dental: _____
Vision: _____

Family Hx

Hospitalization(s)	Last DOS

Medical Supplies

Nurse Notes

Specialists	Last DOS
Dentist:	
Eye Care Provider:	

Prepared by: _____

12/22/17 eks
MM-392