

McLaren Print System Order

Order No: 74373 Reprint Previous Order No: 24370
Order Date: 2023-01-03
User: Kellie Roberts
Phone: 5864933655

Ship Location: McLaren Macomb Family First
36500 Gratiot Ave suite 202
Clinton Twp, Michigan 48035

Forms

Quantity: 500
Paragon Dept No: 58705
Dept Name: Mt Clemens Family First
Company Number: 260

Order Total Price: 0.00

Item Number: MO-34585
Item Description: Welcome to Medicare Exam
Revision Date: 12/2016
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: ds black;

McLaren Macomb
"Welcome to Medicare" Exam

Medicare E-eligibility date: _____ Date of exam: _____ Date of last exam: _____

MEDICAL/SOCIAL HISTORY

Past personal illnesses or injuries:
Injury or illness: _____ Date: _____ Hospitalized? _____ Drug allergies: _____
_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____

Medications, supplements and vitamins: _____ Alcohol 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? Yes No
2. Over the past two weeks, have you felt little interest or pleasure in doing things? Yes No

FUNCTIONAL ABILITY/SAFETY SCREEN

1. Was the patient's blood up & for not unsteady or longer than 30 seconds? Yes No
2. Do you need help with the phone, transportation, shopping, preparing meals, housework, laundry, medications or managing money? Yes No
3. Does your home have steps in the hallway, bath, grab bars in the bathroom, bath, handrails on the stairs or home-poor lighting? Yes No
4. Have you noticed any hearing difficulties? Yes No

Hearing evaluation: _____
A "yes" response to any of the questions regarding depression or functional safety should trigger further evaluation.

PHYSICAL EXAMINATION

Height: _____ Weight: _____ Blood pressure: _____
Visual acuity: L _____ R _____ Body Mass Index: _____

ELECTROCARDIOGRAM

Physical or visual: _____
ECG/ECG/ECG/ECG based on history, exam and screening:

ADVISE DIRECTIVE

Patient use Give not look Only print Patient willing to follow Advance Directive continue >

www.mclaren.com "Welcome to Medicare" Exam