

**McLaren Print System Order**

**Order No: 74845 Reprint Previous Order No: 35213**  
**Order Date: 2023-01-23**  
**User: Kristal Johnson**  
**Phone: 810-487-3601**

**Ship Location: Grand Blanc CMC**  
**2313 E Hill Rd**  
**Grand Blanc, MI 48433**

**Forms**

**Quantity: 500**  
**Paragon Dept No: 64050**  
**Dept Name: Grand Blanc CMC**  
**Company Number: 810**

**Order Total Price: 0.00**

**Item Number: MM-391**  
**Item Description: AWV Health Risk Assessment Subsequent visit**  
**Revision Date: 1/2018**  
**Print: 2 sided black and white**  
**Paper: 20# White Text**  
**Size: 8.5 x 11**  
**Fold: None**  
**Finish: None**  
**Drill: None**  
**Misc Info:**



**Medicare Annual Wellness Subsequent Visit Questionnaire**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Please answer by checking the circle or filling in the blanks as appropriate.

Recent History:  I decline to answer

Have you been hospitalized over-night in the last year? Yes / No

If yes, the reason you were hospitalized: \_\_\_\_\_

Approximate date of hospitalization: \_\_\_\_\_

How many times a year do you see the dentist? \_\_\_\_\_

Social History:  I decline to answer

1. Please list any hobbies: (knitting, woodworking, reading, etc.)  
\_\_\_\_\_

2. Please list any clubs, groups or service organizations: (bridge, lions, church, etc.)  
\_\_\_\_\_

3. Please list any volunteer work that you do and where: (hospital greeter, courier, soup kitchen, etc.)  
\_\_\_\_\_

4. Retired or working part or full time? Current or former occupation?  
\_\_\_\_\_

5. Do you have any pets? If so what kind?  
\_\_\_\_\_

6. Please list any people who are currently living with you and their relationship to you:  
(John Husband, Jane Friend, Jill granddaughter, etc.)  
\_\_\_\_\_  
\_\_\_\_\_