

McLaren Print System Order

Order No: 75287 Reprint Previous Order No: 35213
Order Date: 2023-02-15
User: Michele Lubick
Phone: 586-226-8600

Ship Location: McLaren Primary Care-Michele
45441 HEYDENREICH
Macomb, MI 48044

Forms

Quantity: 100
Paragon Dept No: 56522
Dept Name: McLaren Primary Care
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.)

