

Affiliated Foot & Ankle, P.C  
Buckhead: 3025 Maple Drive-Suite 2 Atlanta, Ga 30305; Midtown: 619 Rankin Street NE Atlanta, Ga 30308  
Buckhead/Midtown Phone: 404-231-1227; Fax: 404-364-0834  
Duluth: 3071 Peachtree Industrial Blvd- Suite 110 Duluth, Ga 30097  
Duluth phone: 770-232-9778; Fax: 770-232-9776

Current 2021 Medicare Guidelines require that we gather a certain amount of your medical information as a part of Quality Improvement Measures. Please answer the following questions to the best of your ability.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ DOB: \_\_\_\_\_

Date you were last seen by your primary medical doctor: \_\_\_\_\_

Name of your Primary Care Doctor: \_\_\_\_\_

1. Do you smoke or use tobacco products? Yes No
2. Did you have a flu (influenza) vaccine this calendar year? Yes No
3. Have you EVER in your lifetime had a Pneumococcal (Pneumonia) vaccine? Yes No
4. Do you have a Surrogate decision maker or an Advance Care Plan (i.e. name of person who may make decisions for you if you are not able) Yes No
  - a. If so, please provide us with the name of that person \_\_\_\_\_
  - b. Or do you not wish or are you not able to name a surrogate decision maker or provide an advance care plan? Yes No
  - c. If you have DIABETES, what was your last Hemoglobin A1c number? \_\_\_\_\_
5. What is your Height? \_\_\_\_\_ And Weight? \_\_\_\_\_
6. \_\_\_\_\_ I have had no falls or one fall without injury in the past year  
\_\_\_\_\_ I have had 2 falls or 1 fall with Injury in the past year (MA to do Blood Pressure Readings both Supine & Standing)  
\_\_\_\_\_ I am wheelchair bound, Immobile or bedridden

**Office Use Only:** Balance / Gait assessment: observe transfer and walking & Vision home fall hazards are discussed

When patient BMI is abnormal F/U plan has been discussed with the patient including: Refer to PCP, Nutrition counseling, exercise plan. BMI parameters exclude if pt refuses or pregnant.

**\*What is an Advance Care Plan?: These include your wishes for a decision maker or specific instructions if you are not capable of making the decision yourself, specific advance care plans include DNRs, Living Wills, or Durable power of attorney. You can also just name a person or tell the doctor you do not wish to discuss or name someone.**

Patient's BMI \_\_\_\_\_ (Normal: 18+ <18.5 and <25 )

BP Supine \_\_\_\_\_ BP Standing \_\_\_\_\_