

Affiliated Foot & Ankle, P.C  
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Current 2022 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 a primary medical doctor: \_\_\_\_\_

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

1. Do you smoke or use tobacco products? Yes\_\_\_\_ No\_\_\_\_
2. 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\_\_\_\_
3. If you have DIABETES, *what* was your last Hemoglobin A1c value? \_\_\_\_\_
4. What is your Height? \_\_\_\_\_ And Weight? \_\_\_\_\_
5. Have you *ever* had a Pneumonia Vaccination in your life? Yes\_\_\_\_ No\_\_\_\_
6. Have you had your Influenza (Flu) Vaccination this year? Yes\_\_\_\_ No\_\_\_\_
7. Please provide an updated Medication List to the Medical Assistant.

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**Office Use Only:**

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 patient 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 Medical 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)