

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 2023 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? _____ FBS _____
4. What is your Height? _____ And Weight? _____
5. Please provide an updated Medication List to the Medical Assistant.
6. If female, and age 65-85, have you had a Bone Density scan for osteoporosis EVER? Yes _____ No _____
7. Have you had 2 or more falls in the past year? Yes _____ NO _____ If yes, during Hospice Care?

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)