

Required Questions that must be answered to comply to Government standards.

Please answer ALL questions. PQRS

Name _____

- **047 Advanced Care Plan:** (document that someone else is helping you make medical discissions)
Yes or No, if yes Name of person listed on the MDPOA _____
- **493 (Year Vaccines)**
 - Have you had a Flu vaccine? **Yes or No**, if yes what is the date _____
 - Have you had a Pneumococcal vaccine? **Yes or No**, if yes what is the date _____
 - Have you had a Tetanus vaccine? **Yes or No**, if date what is the date _____
 - Have you had a Herpes Zoster vaccine? **Yes or No**, if so what is the date _____
- **137/138** Do you have a new or current Melanoma diagnosis? **Yes or No**
- **176** Are you on a biologic? **Yes or No** If yes, have you been tested for Tuberculosis? **Yes or No**
- **226** Do you smoke or use tobacco? **Yes or No**
- **431** Do you drink alcohol? **Yes or No** (more that 4-5 per day) **Yes or No**