

Name: _____ Date: _____

MIPS Questionnaire

(Please complete and return to the nurse)

1. Smoking Status:

- Current every day smoker
- Former smoker
- Never smoker
- Heavy tobacco smoker
- Light tobacco smoker

2. Influenza Immunization:

- Influenza Immunization previously received during influenza season
- Influenza Immunization not administered due to patient allergy
- Influenza Immunization not administered because patient refused

3. Pneumonia Vaccination Status for Older Adults:

- Pneumococcal Vaccination previously received
- n/a

4. Melanoma Status: Do you have a history of melanoma?

- Yes
- No

5. Current medications: Do we have an updated list of your medications?

- Yes
- No

6. Advanced Care Plan for adults 65 and older:

- Do you wish to have full cardiopulmonary resuscitation efforts to be made?
 - Yes
 - No

- Do you wish to have a breathing tube if it is required for life saving measures?
 - Yes
 - No

- In the event that your heart were to stop, do you want to have chest compressions or an automated external defibrillator to restart the heart if it is required for life saving measures?
 - Yes
 - No

- Do you have a living will?
 - Yes
 - No

- Do you have a healthcare proxy?
 - Yes
 - No
 - If yes, please provide name and contact information for healthcare proxy

What is your email address? _____

Who is your primary Provider? _____

***Please complete and return to the nurse**