CASCADE PHYSICIANS, P.C.

Medicare Annual Questionnaire

Patient Name:_____ Date: _____

Answer the following questions by circling the correct response:

Do you have trouble hearing the TV or radio when others do not? Y N

Do you have to strain or struggle to hear/ understand conversations? Y N

In the past 2 weeks, have you felt down, depressed or hopeless? Y N

In the past 2 weeks, have you felt little interest or pleasure in doing things? Y N

Have you fallen in the past 12 months? Y N

Do you need to use a walker or cane to move around? Y N

Do you ever have episodes of low blood pressure? Y N

Do you have balance problems or weakness in your legs? Y N

Do you have: Rugs in your hallways? Y N
Handrails in the stairwells? Y N
Grab bars in the bathroom? Y N
Poor lighting? Y N

Do you have a regular exercise program? Y N

Continued on the next page.....→

Would you like to discuss participation in a fitness program? Y N

If applicable, please select all that apply below:

Do you have any difficulties with:
Bathing Dressing Eating Walking Using the toilet Moving into or out of a chair
Incontinence

How would you rate your overall physical health?
Excellent Good Fair Poor

Are there any specific areas of your physical health that you would like to focus on to help you rate that higher? Y N

On a scale of 1-5, how would you rate your pain today? 1 = no pain, 5 = unbearable pain
1 2 3 4 5

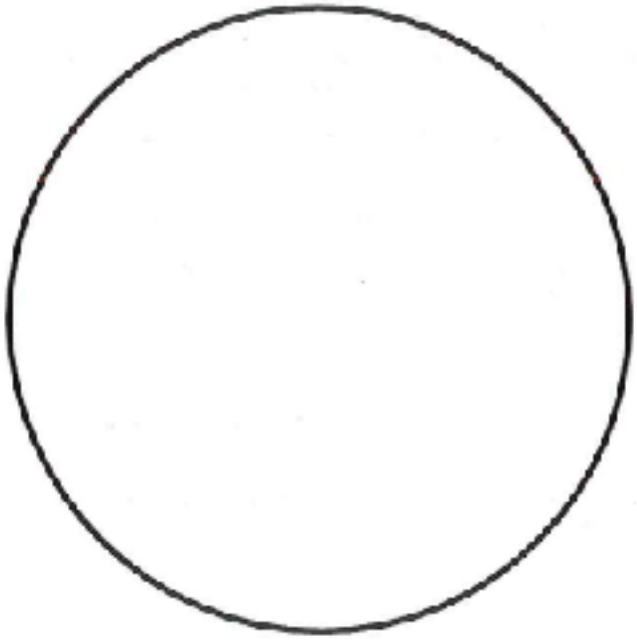
Would you like to discuss pain management?
Y N

Do you have trouble with urinary leakage? Y N

If yes, would you like to discuss treatment options? Y N

Do you know the signs and symptoms of a Urinary Tract Infection (UTI), and when to seek medical advice / attention from your PCP? Y N

Using the pre-printed circle below, please draw a clock: (***Patient Only***)
Place all the numbers where they go. Next, set the hands at 10 past 11.



Created 5.7.18 cw
Updatd 6.22.18 cw