



ADVANCED NEUROSCIENCES INSTITUTE

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PATIENT MEDICARE QUALITY MEASURE QUESTIONNAIRE

Patient Name _____

Date: _____

Date of Birth _____

1. Are you currently or have you ever been a tobacco user? (Quality ID: 226)

Yes No Number of years you smoked _____ What year you quit _____

2. Do you have high blood pressure? (Quality ID: 317)

Yes No

3. Are you overweight? (Quality ID: 128)

Yes No Do you follow any diet or exercise program? Yes No

Patients over aged 65 completed the questions below:

1. If you are a woman over age 65 do you have urinary incontinence (bladder leakage)?

(Quality ID: 048)

Yes No

2. Do you have a living will, advanced directive, or power of attorney for health care?

(Quality ID: 047)

Yes No

If No, who can make medical decisions if you are unable to do so or make advanced care plans on your behalf?

Name _____ Phone _____

3. In the past year have you fallen down, have been worried about falling or felt unsteady when walking? (Quality ID: 154)

Yes No