

MIPS Questionnaire

Patient Questionnaire

1.) Are you a tobacco smoker? Current / Former / Never
(Please circle answer)

2.) Have you received an Influenza Vaccine during flu season (August 2020 - March 2021 or August 2021 - March 2022)

For patient 65 years and older

3.) Have you ever had a Pneumonia Vaccine (Pneumovax 23 and/or Prevnar 13)?
Yes / No (Please circle one)

4.) Do you have a healthcare proxy in the event you are unable to make your own medical decisions?
Yes / No (Please circle one)

5.) Which statement(s) best reflects your wishes on advanced care recommendations? (Check all that apply)

Do Not Intubate: I do not wish to have a breathing tube, even if it is necessary to save my life.

Do Not Resuscitate: If my heart were to stop, I do not wish to have chest compressions, or an automated external defibrillator to restart my heart, even if it is necessary to save my life.

Full Cardiopulmonary Resuscitation: I want full cardiopulmonary resuscitation efforts to be made.

Patient Name: _____ Date: _____

Primary Care Physician: _____