

Year: \_\_\_\_\_ QPP MIPS FORM DIRECTIONS: EACH patient needs to fill out this form ONCE per year.

**A. MIPS #226. TOBACCO (answer if you are age 12 or older):** Are you currently using tobacco? Yes No.

**B. MIPS # 047. ADVANCE CARE PLANNING (answer if you are age 65 or over).**

( ) I (patient) do **NOT** wish to participate. Proceed to the next Part.

1. Do you have an advance care directive (healthcare power of attorney) if you become incapacitated (ex: comatose)? Yes No.

2. If YES, can you provide a copy? Yes No. If YES, pt will: ( ) a. bring a copy. ( ) b. email/fax a copy ( ) c. Other: \_\_\_\_\_

2. If you DO NOT have an advance care directive, do you want someone to make your healthcare decision? Yes No.

If YES, give name: \_\_\_\_\_ phone: \_\_\_\_\_

**C. MIPS #134. DEPRESSION SCREENING (PHQ-2) (answer if you are age 12 or over).**

( ) I (patient) do **NOT** wish to participate. Proceed to the next Part.

Over the past 2 weeks, how often have you been bothered by any of the following problems?

1. During the past month, have you often been bothered by feeling down, depressed, or hopeless? Yes No

2. During the past month, have you often been bothered by little interest or pleasure in doing things? Yes No

**D. #318 FALLS (answer if you're age 65 or older).** In the last year, have you had 2 or more falls, or 1 fall WITH injury? Yes No

**MIPS #155 Falls-Plan of Care.** If you answered **YES**, use these resources (links) below to prevent falls:

[www.hopkinsmedicine.org/health/wellness-and-prevention/fall-prevention-exercises](http://www.hopkinsmedicine.org/health/wellness-and-prevention/fall-prevention-exercises)

[www.lifeline.ca/en/resources/14-exercises-for-seniors-to-improve-strength-and-balance/](http://www.lifeline.ca/en/resources/14-exercises-for-seniors-to-improve-strength-and-balance/)

[mydoctor.kaiserpermanente.org/ncal/Images/010526-037CL\\_tcm75-574622.pdf](http://mydoctor.kaiserpermanente.org/ncal/Images/010526-037CL_tcm75-574622.pdf)

**E. Alcohol MIPS #431 (answer if you are age 18 or older):** How many times in the past year have you had 5 (for men) or 4 (for women AND all adults older than 65 years) or more drinks in a day? # times: \_\_\_\_\_ (Positive response:  $\geq 2$ )

Name: \_\_\_\_\_ Signature: /s/ \_\_\_\_\_ Date: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

If telemed appt: the staff member certifies above patient answers are true. Staff Signature: /s/ \_\_\_\_\_