

Healthcare providers are required by the government to ask these questions of patients.  
Please mark not applicable or answer the following based on your medical history and age.

If >65 years of age

**Not Applicable**

Advanced Care Plan/Living Will (QM47)

Do you have an advanced care plan?  Yes  No

Do you have a living will?  Yes  No

If >18 years of age

**Not Applicable**

Tobacco use screening and cessation (adult- age >18) (QM226)

Do you smoke cigarettes or use tobacco?  Yes  No

If yes, our staff will discuss cessation (quitting) with you

If 12-20 years of age

**Not Applicable**

Tobacco use screening and cessation (age 12-20) (QM402)

Do you smoke cigarettes or use tobacco?  Yes  No

If yes, our staff will discuss cessation (quitting) with you

If you have a history of melanoma skin cancer

**Not Applicable**

Melanoma Recall (QM137)

Do you have a history of melanoma?  Yes  No

If yes, staff will add you to the recall system

If you have a history of psoriasis

**Not Applicable**

Psoriasis improvement in patient reported itch severity (QM485)

On a scale of 0 (none) to 10 (severe), what is your level of itch today? \_\_\_\_\_

If you have a history of psoriasis AND are taking oral/systemic medication for psoriasis

**Not Applicable**

Psoriasis clinical response to systemic medication (QM410)

Have you missed more than 4 weeks of your oral or injectable psoriasis medicine?  Yes  No

Staff to obtain BSA, PGA and document if patient declines change to medicine

If you have a history of eczema

**Not Applicable**

Atopic dermatitis or eczema improvement in patient reported itch severity (QM486)

On a scale of 0 (low) to 10 (severe), what is your itch today? \_\_\_\_\_

Staff to obtain BSA, PGA

Name: \_\_\_\_\_ DOB: MM / DD / YYYY Date: MM / DD / YYYY