

# UROLOGY SPECIALISTS OF ATLANTA

English - Spanish

## Northside Hospital MIPS Form

(Northside Hospital and CMS Requires This Form to be Completed Once a Year)

- 1) Are you currently pregnant? YES / NO
- 2) Have you had the Pneumomax® (Pneumonia Vaccine)? YES / NO
  - a. If yes, when did you have it? \_\_\_\_ / \_\_\_\_
- 3) Have you had a colonoscopy or Fecal Occult Blood Testing? YES / NO
  - a. If yes, did you have a: COLONOSCOPY / FECAL OCCULT BLOOD
  - b. Was the result: NORMAL / ABNORMAL
  - c. When did you have it? \_\_\_\_ / \_\_\_\_
- 4) How many times in the last year have you had 4 or more alcoholic drinks in a day?
  - a. 0-1
  - b. 2 or more times
- 5) Your Smoking History:
  - a. Never (or Less Than 100 Lifetime cigarettes)
  - b. Former Smoker
  - c. Current Smoker