



**DERMATOLOGY ASSOCIATES
OF KENTUCKY, P.S.C.**

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Physician Quality Reporting System

Required for Medicare Part B patients by the Federal Medicare Program

Patient Name: _____

Date of Birth: _____

Today's date: _____

Are you over age 65? Yes No

Have you ever had a pneumonia vaccine? Yes No

Have you had a vaccine for the current flu season? Yes No
If no, reason why not:

Do you currently use tobacco products? Yes No

How many times in the past year have you had more than 4 alcoholic drinks per day?

Never Once a Year Twice a Year More than Twice Per Year