

# Franklin Medical Group, PC

## Digestive Disease Center

60 Westwood Ave. Waterbury, CT 06708 (ph. 203-574-3007) (fax 203-573-1739)  
55 Meriden Ave. Southington, CT 06489 (ph. 860-276-9334)

### FOR MEDICARE PATIENTS ONLY (for screening colonoscopy only)

#### MEDICARE PORS DATA FORM

**Patient Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Date** \_\_\_\_\_

The doctors at Digestive Disease Center are committed to providing their patients with the highest quality of care. The data we are requesting below is required for submission to the Centers for Medicare Services to demonstrate our dedication and concern for your well being.

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Smoking status:** Current every day Former Never

**Alcohol use:** Current every day Occasionally Never  
Quantity \_\_\_\_\_

**Adults aged 50 and older:** Have you ever had a colonoscopy? Yes No If yes, when?

**Adults aged 50 and older:** Did you receive a flu shot during this past flu season? Yes No

**Adults aged 65 and older:** Did you ever receive a pneumonia vaccine? Yes No

#### FEMALE Patients Only:

**Women aged 50 through 69:** Have you had a mammogram within the last 2 years?

**Women aged 65 and older:** Have you been screened or have had therapy for  
Osteoporosis? \_\_\_\_\_

**Women aged 65 and older:** Have you been assessed for Urinary Incontinence within  
the past 12 months? \_\_\_\_\_

**Patient/Guardian Signature** \_\_\_\_\_