## Health Questionnaire

Race					e of Birth
	American Indian	Other	<b>Ethnicity</b>		inguage
	Black	Asian		Hispanic	
	Decline	Unknown		Non-Hispanic	
	Hispanic	White			
	nat are the names of ardiologist	-		Orthonedist	
	olon/Rectal				
	entist			Other	
E۱	/e			Podiatrist	
G G				Pulmonary	
G۱	ynecologist		Urologist		
•	, 5			<b>J</b>	
2. Wł	nat lab do you use fo	or blood work?	Quest	Collaborative	Clinical Lab
3. Wł	nat pharmacy do you	use? (name,	address, phon	e)	
4. Wł	nat is your email add	dress?			
Ma	y we contact you by	/ email?			yes/no
5. <b>G</b> e	neral Health: In ge	eneral, would y	ou say your he		
	_ ~	11 ( )/	$\sim$ 1 $\sim$		
	Exce	ellent Very	Good Good	d Fair Poor	
		·			
	How	much bodily p	ain have you h	nad during the past	4 weeks?
	How	much bodily p	ain have you h		4 weeks?
	How Non	much bodily p	ain have you h	nad during the past	4 weeks?
6. <b>Re</b>	How Non view of Systems:	much bodily p e Very Mild	ain have you h Mild Moder	nad during the past rate Severe V	4 weeks? ery Severe
б. <b>Re</b> а.	How Non <b>view of Systems:</b> Do you have diffict	much bodily pe Very Mild ulty driving, wa	eain have you h Mild Moder tching TV or re	nad during the past rate Severe Verates	4 weeks? ery Severe ooor eyesight?yes / no
ô. <b>Re</b> а.	How Non view of Systems: Do you have diffict Can you hear norn	much bodily pe Very Mild  ulty driving, wan	eain have you had Mild Moder tching TV or resonal voice?	nad during the past rate Severe V	4 weeks? ery Severe  ooor eyesight?yes / noyes / no
ô. <b>Re</b> а. о.	How Non view of Systems: Do you have diffict Can you hear norn Do you use hearin	much bodily pe Very Mild  ulty driving, wanal conversation	eain have you had Mild Moder tching TV or respond voice?	nad during the past rate Severe V	4 weeks? ery Severe  poor eyesight?yes / noyes / noyes / no
6. <b>Re</b> a. b.	How Non view of Systems: Do you have diffict Can you hear norn Do you use hearin Do you have probl	much bodily pe Very Mild  ulty driving, wanal conversation g aids?	tching TV or remain voice?	nad during the past rate Severe V	4 weeks? ery Severe  boor eyesight?yes / noyes / noyes / noyes / noyes / no
6. <b>Re</b> a. o. c. d.	How Non view of Systems: Do you have diffict Can you hear norn Do you use hearin Do you have probl Do you often feel s	much bodily pe Very Mild  ulty driving, wan al conversation gaids?ems with your sad or depresse	eain have you had Mild Moder tching TV or respond voice?	nad during the past rate Severe V	24 weeks? ery Severe  Door eyesight?yes / noyes / noyes / noyes / noyes / noyes / no
6. <b>Re</b> a. o. c. d.	How Non view of Systems: Do you have diffict Can you hear norn Do you use hearin Do you have probl Do you often feel s Have you unintent	much bodily pe Very Mild ulty driving, wan al conversation graids?ems with your and or depresse tonally lost weight	tching TV or respond voice? memory?	nad during the past rate Severe Verading because of months?	24 weeks? ery Severe  Door eyesight?yes / noyes / no
6. <b>Re</b> a. b. c. d. e.	How Non view of Systems: Do you have diffice Can you hear norm Do you use hearin Do you have probl Do you often feel s Have you unintent Do you have troub	much bodily pe Very Mild  ulty driving, wan al conversation gaids?ems with your sad or depressionally lost weighted	tching TV or remain voice? memory? ght in the last 6	rate Severe Verate Severe verate Severe verate severe verations because of months?	24 weeks? ery Severe  Door eyesight?yes / noyes / no
6. <b>Re</b> a. b. c. d. e.	How Non  view of Systems:  Do you have diffict Can you hear norm Do you use hearin Do you have proble Do you often feel shave you unintent Do you have troub Do you have troub Do you have troub	much bodily pe Very Mild  ulty driving, wan al conversation gaids?ems with your sad or depressionally lost weight with control le with control	tching TV or respond voice? memory? ght in the last 6 of your bladde of your bowels	nad during the past rate Severe Verading because of months?	24 weeks? ery Severe  Door eyesight?yes / noyes / no
6. <b>Re</b> a. b. c. d. e. f.	How Non View of Systems: Do you have diffice Can you hear norm Do you use hearin Do you often feel shave you unintent Do you have troub Do you have troub How many falls ha	much bodily pe Very Mild ulty driving, wan al conversation aids?ems with your sad or depressionally lost weight with control ve you had in the	tching TV or respond to the voice? memory? ght in the last 6 of your bladde of your bowels the past year?	eading because of months?	24 weeks? ery Severe  Door eyesight?yes / noyes / no
6. <b>Re</b> a. b. c. d. e. f.	How Non  view of Systems:  Do you have diffict Can you hear norm Do you use hearin Do you have proble Do you often feel so Have you unintent Do you have troub Do you have troub How many falls had Do you drink alcoh	much bodily pe Very Mild  ulty driving, wan al conversation gaids?ems with your sad or depressionally lost weight with control le with control ve you had in tool?	tching TV or reconal voice? memory? ght in the last 6 of your bladde of your bowels the past year?	anad during the past rate Severe Versions because of months?	24 weeks? ery Severe  2000r eyesight?yes / noyes / no
	How Non View of Systems: Do you have diffice Can you hear norm Do you use hearin Do you often feel shave you unintent Do you have troub Do you have troub How many falls had Do you drink alcoholf yes, how many contracts	much bodily pe Very Mild  ulty driving, wan al conversation aids?	tching TV or reconal voice? memory? ght in the last 6 of your bladde of your bowels the past year?	anad during the past rate Severe Versions because of months?	24 weeks? ery Severe  Door eyesight?yes / noyes / no

7. Do you live with a	nyone?						yes / no						
If yes, who?	Spouse	e Ch	ild Other Relati	ve Friend									
Who would help you in an emergency?													
Who would help you with heath care decisions if you were not able to communicate your													
wishes?													
Do you have	a Living	Will fo	r health care?				.yes / no						
8. How many medicines do you take, including prescribed, over the counter and vitamins?													
What is your syst	em for ta	aking y	our medications?										
Pill Bo	x Fai	mily he	elp List/Chart N	one									
9. Do you use sunse	creen?						. yes / no						
10. Are you sexually			. yes / no										
11. Do you drive?			.yes / no										
Do you wear a s	eat belt	?					. yes / no						
Do you wear a h	elmet?						. yes / no						
12. Has anyone inte			.yes / no										
13. Are there guns i	n your h	ouseh	old?				. yes / no						
14. Have you had an influenza shot (flu shot) this year?													
15. Have you had a	shot to	preven	nt pneumonia?				. yes / no						
16. Activities of Daily Living: Are you (I) Independent (can do by myself), (A) require assistance													
(need help from ano	ther pers	son), o	r <b>(D)</b> Dependent (can	not do at all) with the	e follow	ing tasl	s?						
Walking	1 .	Α	D	Using Telephone		Α	D						
Dressing	1 .	Α	D	Shopping		Α	D						
Bathing	1 ,	A	D	Preparing Meals		Α	D						
Eating	Ι,	A	D	Housework		Α	D						
Toileting	Ι,	Α	D	Taking Medications		Α	D						
Driving	Ι,	Α	D	Managing Finances		Α	D						
D (' 10' 1					Б.								
Patient Signature:Reviewing Physician:													
Reviewing Physician					Date:								

Please bring this completed form and your medications to your appointment. Thank you.