**HEALTH HISTORY QUESTIONNAIRE**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **SPECIAL COMMUNICATION NEEDS** |
| **Language Preference:**  |
| **If you answer “Yes” to any of the questions below, how can we assist you?**  |
| **Visual Impairment: C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png Yes C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].pngNo**  | **Sensory Impairment: C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png Yes C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].pngNo** |
| **Speech Impairment: C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png Yes C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].pngNo** | **Cognitive Impairment: C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png Yes C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].pngNo** |
| **Hearing Impairment: C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png Yes C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].pngNo** | **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **PERSONAL HEALTH HISTORY** |
|  Please check any past or current health problems |
| **Condition** | **Condition** |
|  | Hypertension |  | Seizures |
|  | High Cholesterol |  | Headaches |
|  | Diabetes- Type: I or II |  | Stroke |
|  | Heart Attack or Angina |  | Prostate problems |
|  | Irregular Heart Rhythm |  | Breast Cancer |
|  | Congestive Heart Failure |  | Chronic Urinary Tract Infection |
|  | Asthma |  | Osteoarthritis |
|  | Emphysema/COPD |  | Cancer(please list type) |
|  | Pneumonia |  | Hypothyroidism |
|  | Gastroesophageal Reflux Disease  |  | Hyperthyroidism |
|  | Stomach Ulcer |  | Bleeding Disorder |
|  | Kidney Problems |  | Addiction Issues(please specify) |
|  | Liver Disease/ Hepatitis |  | Anxiety or Depression |
|  | Colon Cancer |  | Mental Illness (please specify) |
|  | IBS |  | Other:  |

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| **PAST SURGICAL HISTORY** |
| Please check if you have had any of the following |
| **Procedure** | **Year** |
| Heart Surgery |  |
| Carotid Artery Surgery |  |
| Vascular Surgery/Stent |  |
| Abdominal Aneurysm Repair |  |
| Hysterectomy |  |
| Gallbladder Removal |  |
| Appendix Removal |  |
| Tonsillectomy |  |
| Joint Replacement (Specify Joint): |  |
| Mastectomy  **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png**Left **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png**Right **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png**Bilateral |  |
| Lumpectomy |  |
| Prostatectomy |  |
| Hernia Repair |  |
| Pacemaker |  |
| Other:  |  |

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| **MEDICATION** |
| Please list any medications you are **currently** taking including over the counter, supplements, and herbs |
| **Medication and Dosage** | **Frequency** | **Medication and Dosage** | **Frequency** |
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| **FAMILY HISTORY** |
| **Relationship** | **Living?**  | **Age** | **Major Medical Problems and/or Cause of Death** |
| **Father** |  |  |  |
| **Mother** |  |  |  |
| **Siblings** |  |  |  |
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| **Children** |  |  |  |
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| **Specifically have any of your relatives had the following conditions:** |
| **Mental Illness: C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png Yes C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png No** Relative:  | **Chemical Dependency: C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png Yes C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png No**Relative:  |

**Please use this section to describe any concerns you would like to address during your visit today: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **HEALTH AND SOCIAL HISTORY** |
| Marital Status: C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png Single C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png Married C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png Divorced C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png Widowed C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png Life Partner |
| Education Level: C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].pngDid not graduate C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].pngHigh School Graduate C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].pngSome College C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].pngAssociates Degree **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** Bachelor’s Degree or Higher |
| Occupation: Occupational Concerns: C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png Stress C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png Hazardous substances C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png Heavy Lifting |
| How stressful would you rate your current living Situation: 1 2 3 4 5 6 7 8 9 10  |
| Are there any financial concerns that affect your ability to seek healthcare? **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** Yes **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** No If yes, please describe:  |
| Are there any religious or culture factors that you would like us to take into account when planning your health care?**C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** Yes **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** No If yes, please describe:  |
| Tobacco Use: **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** No Tobacco Use **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** Former Tobacco User- Quit: \_\_\_\_\_\_\_\_\_ **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** Current Tobacco User (specify type below)If current tobacco user, please specify type of tobacco and frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Alcohol Intake: **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** No **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png**Yes If yes, how many drinks per month:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Illicit Drug Use: **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** None **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** Past Drug Use **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** Current Drug UsePlease describe previous or current drug use: |
| Exposure to Second Hand Smoke: **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** No  **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** Yes | Wear a Seatbelt: **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** No  **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** Yes |
| Eat a diet high in fruits and vegetables: **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** No  **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** Yes | See a dentist at least once a year: **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** No  **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** Yes |
| Get 30 minutes of exercise 5 times a week: **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** No  **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** Yes | Wear Sunscreen: **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** No  **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** Yes |

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| **ALLERGIES** |
| **Allergen** | **Reaction** | **Allergen**  | **Reaction** |
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| **HEALTH MAINTENANCE** |
| Please indicate if you have had these prevent services and include year |
| **Immunizations** | **Year** | **Testing** | **Year** |
| **Tetanus/DTaP Vaccine C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].pngYes C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].pngNo** |  | **Pap Smear C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png Yes C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png No** |  |
| **Pneumonia Vaccine**  **\*Prevnar 13** C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png **Yes** C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png **No** **\*Pneumovax 23 C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png Yes C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png No** |  | **Mammogram C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png Yes C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png No** |  |
| **Influenza Vaccine C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png Yes C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png No** |  | **Bone Density Study C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png Yes C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png No** |  |
| **Shingles Vaccine C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png Yes C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png No** |  | **Colonoscopy C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png Yes C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png No** |  |
| **Prostate Exam C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png Yes C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png No** |  |

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| **SPECIALISTS** |
| To help with coordination of care, please provide the name and last visit date below of any medical providers you see outside of FamilyCare |
| **Specialist** | **Provider Name** | **Last Visit** | **Specialist** | **Provider Name** | **Last Visit** |
| Eye Doctor |  |  | Nephrologist |  |  |
| Cardiologist |  |  | Psychiatrist |  |  |
| Oncologist |  |  | Allergist |  |  |
| Urologist |  |  | Vascular |  |  |
| Gynecologist |  |  | Pulmonology |  |  |
| Gastroenterologist |  |  | Other:  |
| Endocrinologist |  |  |

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| **URINARY AND BOWEL CONCERNS** |
| Do you experience any urinary leakage/issues: **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** No  **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** YesIf yes, please give brief description of issues:  | Do you experience bowel issues (i.e. leakage, diarrhea, constipation): **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** No  **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** YesIf yes please give a brief discription of issues:  |

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| **FALL RISK SCREENING** |
| Have you fallen more than once the past twelve months: **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** No  **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** Yes If yes, how many times have you fallen?\_\_\_\_ |
| Were you injured as a result of fall(s)? **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** No  **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** Yes If yes, please give brief description of injuries below |

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| **MOOD SCREENING** |
| A person’s mood can have a strong influence on their health and overall well- being. Over the past month, how often have you been bothered by the following issues.  |
| Little interest or pleasure in doing things: **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** Not at all  **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** Several days **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** More than two weeks **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** Every Day |
| Feeling down, depressed, or hopeless: **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** Not at all  **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** Several days **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** More than two weeks **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** Every Day |

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| **ADVANCED DIRECTIVES** |
| Do you currently have or want information on any of the following |
| Living Will: **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** Have **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** Declined **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** Request more information  |
| Durable Power of Attorney: **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** Have **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** Declined **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** Request more information  |
| DNR Order: **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** Have **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** Declined **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png** Request more information  |

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| **FUNCTIONAL ASSESSMENT** |
| How often do you need assistance with the following: |
| Bathing, dressing, and grooming | **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png Not at all C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png Sometimes C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png Most of the time** |
| Daily Activities (cooking, cleaning, other household tasks) | **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png Not at all C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png Sometimes C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png Most of the time** |
| Walking or Driving | **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png Not at all C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png Sometimes C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png Most of the time** |
| Communicating needs and feelings | **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png Not at all C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png Sometimes C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png Most of the time** |
| Understanding directions | **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png Not at all C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png Sometimes C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png Most of the time** |
| Keeping appointments, taking medications, and performing other medical treatments  | **C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png Not at all C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png Sometimes C:\Users\tnewman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5V9I4FQP\Ic_check_box_outline_blank_48px.svg[1].png Most of the time** |

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| **HEALTH LITERACY QUESTIONNAIRE** |
| Many times in healthcare, staff and providers use words that are unfamiliar to the general public. Please rate each statement from 1 to 10; 1 being strongly disagree and 10 being strongly agree |
| I feel that I have a thorough understanding of the instructions my doctors and nurses give me about my health | 1 2 3 4 5 6 7 8 9 10 |
| I feel that I remember the instructions when I get home | 1 2 3 4 5 6 7 8 9 10 |
| I feel that I have a strong understanding of medical language | 1 2 3 4 5 6 7 8 9 10 |

**CONSENT TO TREAT:**

I hereby consent to evaluation, testing, and treatment as directed by my Raleigh Durham Medical Group physician or his or her designee.

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_