

Dear patient,

Current guidelines for preventive health services recommend screening for certain personal risk factors that may be associated with a person’s lifestyle. Please take a few moments to answer these questions, which will help us to complete your overall health assessment. As with all of your personal health information, your answers will be strictly confidential.

Patient Name _____ Date of Birth _____

Date of Visit _____

Directions: Please place an “x” in the box that represents your answer to each question

For patients 18 years of age and older	YES	NO
Do you smoke a pipe, cigarettes or cigars or use chewing tobacco?		
Do you ever feel unsafe at home?		
Are you in a relationship in which you have been physically hurt or felt threatened?		
Do you engage in recreational drug use?		
Do you drink more than two alcoholic beverages a day on a regular basis?		
Have you had more than one sexual partner within the last six months?		
Do you ever feel depressed or anxious enough that you cannot carry out regular daily activities?		
Do you follow a special diet?		
Do you exercise at least three times a week for twenty minutes or more?		
Do you have an Advanced Directive (Living Will, DNR or HealthCare Proxy)?		

Answering the following questions will help us determine if you are due for certain health maintenance and/or screening tests. Where applicable, please indicate the approximate **date** of when you last received the service listed below:

For patients age 50 and over:	Approximate date of last colonoscopy:
For all women:	Approximate date of last PAP test:
For women age 40 and over:	Approximate date of last mammogram:
For patients with Diabetes and all patients age 65 and over:	Approximate date of last eye doctor visit:
	Eye doctor’s name:
For women age 65 and over:	Approximate date of last bone density scan:
	Location:
For all patients:	Discuss your individual risk factors with your doctor to see if additional screening, or screening at an earlier age is needed.

Thank you for your responses.