

Name
Date of Birth

Date

Preventive Visit

(Preventive Care Only please. Medical problems are not addressed at this type of visit)

Part 1

Diet (circle all that apply)

Regular Low salt Low fat Vegan Vegetarian Low carb Gluten-free
Mediterranean Pescatarian Other:

Exercise

Type:

Hours per week:

Habits

Alcohol - What type of alcohol do you drink? How much?

Yes / No Have you ever felt you should cut down on your drinking?

Yes / No Have people annoyed you by criticizing your drinking?

Yes / No Have you ever felt bad or guilty about drinking?

Yes / No Have you ever had a drink first thing in the morning?

Smoking - Never / Current / Former

Type of tobacco: Amount: Years used: Year quit

Substances:

Yes / No Marijuana

Yes / No Other:

Emotional health

During the past 2 weeks, have the following been a problem for you:

Yes / No Little interest or pleasure in doing things

Yes / No Feeling down, depressed, or hopeless

Review of systems:

Please circle all that apply.

Constitutional: chills, fatigue, fever, malaise, night sweats, weight gain, weight loss

HEENT: hearing loss, ear pain, ear drainage, sinus pain/pressure, sore throat, nasal drainage, visual changes, eye pain, eye discharge

Respiratory: chronic cough, cough, shortness of breath, wheezing, known TB exposure

Cardiovascular: chest pain, pain in legs when walk, swelling, palpitations

Gastrointestinal: abdominal pain, change in stools, constipation, diarrhea, blood in stools, heartburn, loss of appetite, nausea, vomiting

Metabolic/Endocrine: intolerance of cold, intolerance of heat, excess thirst, excess hunger

Neurological: dizziness, extremity numbness, extremity weakness, difficulty with walking, headache, memory loss, seizures, tremors

Psychiatric: anxiety, depression, difficulty sleeping

Skin/hair: brittle hair, brittle nails, hair loss, excess body hair, hives, itchy skin, mole changes, rash, skin lesion

Musculoskeletal: back pain, joint pain, joint swelling, muscle weakness, neck pain

Hematologic/Lymph: easy bleeding, easy bruising, swollen lymph nodes

Immunologic: contact skin allergy, environmental allergies, food allergies, seasonal allergies

Genitourinary (male): dribbling, pain with urination, blood in urine, excess urination, slow stream, frequent urination, accidental urine loss, inability to empty bladder completely

Genitourinary (female): pain with urination, blood in urine, excess urination, frequent urination, accidental urine loss, inability to empty bladder completely

Reproductive (male): problems with erection, discharge from penis

Reproductive (female): abnormal PAP, pain with menstruation, pain with intercourse, hot flashes, irregular menstrual cycle, vaginal discharge, breast lump, nipple discharge

Legal (Anyone, but especially for those over 65)

Do you have a legal document that spells out your wishes should you become incapable of making decisions and naming a person to make those decisions for you?

Yes - Please provide us a copy for your medical records

No - We encourage you to fill out the Five Wishes form, available online at www.agingwithdignity.org. This is a simple form, legally recognized in California and 39 other states.

Part 2

Please update your previous histories on the printout. Feel free to add any missing items and scratch out any items.



<i>Office Use Only</i>				<i>Q / LC</i>		<i>F / NF</i>	<i>Dx:</i>		
<i>Lipid</i>	<i>CMP</i>	<i>CBC</i>	<i>PSA</i>	<i>Hgba1c</i>		<i>Urine microalbumin</i>	<i>U/A</i>	<i>FOBT</i>	
<i>Mammo</i>		<i>DEXA</i>	<i>Colonoscopy</i>						
<i>Flu</i>	<i>TdaP</i>	<i>Pneumovax</i>	<i>Prevnar 13</i>		<i>Zostavax</i>	<i>F/U</i>			