

Name _____ Date of Birth _____ Date _____

Is this an annual health maintenance exam today? Yes No

Is there anything specific that you would like to bring up with your provider today?

List your current medications.

Since you were last here are there any changes in your life or health that we should know about?
(CONTINUE ON BACK IF NEEDED)

Do you need/want us to refill any prescriptions for you today? Please list them here.

If this is a chronic medication that we prescribe for you make sure you ask for enough to last until your next visit (in a year). Some medications can only be written for 6 months. All medications must be rewritten at least annually. Please plan ahead so you do not run out of your medications.

When we provide prescriptions to you it is with the professional judgment that the medications benefits outweigh the possible risks that you may read about. By taking these medications you are assuming the risk of any untoward complication that may arise from these medications (like birth control pills.)

Sign Here: _____

Are there any changes in your family's (parents, siblings, children, grandparents) medical history since your last annual exam? Include cancer, heart disease, diabetes, or any other major medical problems.

USE OTHER SIDE TO EXPLAIN PROBLEMS OR TREATMENTS

When was your last colonoscopy (colon cancer screening)? Was it normal? Y N

When was your last mammogram (breast cancer screening)? Was it normal? Y N

When was your last bone density scan (osteoporosis screening)? Was it normal? Y N

When was your last cholesterol testing (fasting bloodwork)? Was it normal? Y N

Do you exercise? Y N
What do you do?

Do you smoke? Y N
If yes, how much?

How many alcohol-containing drinks do you have in a week?
How many times a week do you drink?
Are you concerned about your drinking?

Do you use any other illegal or street drugs? Y N
Marijuana? Y N

How would you describe your mood in general?
Happy normal depressed anxious irritable angry other (explain)

Are you safe with your partner? Y N
Have you experienced abuse (physical, sexual, emotional) from him, her, or others? Y N
If yes, explain.