How can we help you today?

Page 1: Completed by the patient and given to the doctor

Your name: Today's date:

1. What are your health questions for today's visit? Please list in order of importance to you.

2. Are you are experiencing pain today? ☐ Yes ☐ No
   If yes, please rate your pain level on a scale of 1 to 10, with 10 being highest: __________

3. Please check the option below that best describes your emotional health today.
   ☐ Positive (calm, happy) ☐ Neutral (bored, passive) ☐ Negative (downhearted, distressed)
   Would you like to discuss your emotional health with the doctor today? ☐ Yes ☐ No

Since your last visit:

4. Have you experienced any important changes in your health? ☐ Yes ☐ No
5. Have you seen any other physicians or been admitted to the hospital? ☐ Yes ☐ No
6. Have you had a fall or any trouble with balance? ☐ Yes ☐ No
7. Has bladder control been a problem? ☐ Yes ☐ No
8. Have you been engaging in weekly physical activity? ☐ Yes ☐ No
9. Have you had any tests, screenings or vaccines that this office may not be aware of?
   ☐ Yes ☐ No
10. Have you started any new prescriptions and/or over-the-counter medications?
    ☐ Yes ☐ No
    If yes, please list them here:

11. Are you experiencing side effects from any current prescriptions and/or over-the-counter medications? ☐ Yes ☐ No
12. When you have medical tests, do you know how to get your test results? ☐ Yes ☐ No
13. Do you have an up-to-date advance directive on file with us? ☐ Yes ☐ No ☐ Don't know

Medical appointment summary

Page 2: Completed by the doctor and given to the patient

Doctor's name:	Today's date:
My blood pressure today:	My body mass index (BMI) today:

Topics we discussed today:	**Notes:**
☐ Bladder control ☐ Emotional well-being ☐ Exercise (plan/prescription) ☐ Fall prevention ☐ General health changes ☐ Medications ☐ Pain management ☐ Test results ☐ Other: ____________________ ____________________ ____________________ ____________________	

Procedures needed:	**Notes:**
☐ Bone density test ☐ Colorectal screening ☐ Eye exam (diabetic/regular) ☐ Flu vaccine ☐ Labs ☐ Mammography ☐ Other: ____________________ ____________________ ____________________ ____________________	

How to get my test results:

Next appointment date:

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