PRE-VISIT QUESTIONNAIRE

Name: _____

Today's visit

What are you hoping to accomplish today? _____

_____

Is there anything else you'd like to work on to improve your health?

_____

If you have one of the following conditions, please answer:

Diabetes: Any problems with medications? ☐ Yes ☐ No

Home glucose readings _____

High blood pressure: Any problems with meds? ☐ Yes ☐ No

Home BP readings _____

High cholesterol: Any problems with meds? ☐ Yes ☐ No

Depression: Any problems with meds? ☐ Yes ☐ No

Any suicidal thoughts? ☐ Yes ☐ No

Between visits

Have you been to the **ER, hospital, or another doctor** since last seen here? ☐ Yes ☐ No Please explain:

Lifestyle

Exercise: What do you do? _____

How long? _____ How often? _____

Can you walk a block or climb a flight of stairs without getting short of breath? ☐ Yes ☐ No

Smoking: How much do you smoke? _____

Are you interesting in quitting? ☐ Yes ☐ No

Alcohol: How many drinking days do you have per week? _____

On average how many drinks per drinking day? _____

Have you had more than 4 drinks in a day in the past 3 months? ☐ Yes ☐ No

Are you or others concerned about your drinking? ☐ Yes ☐ No

Falls: Have you fallen in the past year? ☐ Yes ☐ No

Do you have problems with walking or balance? ☐ Yes ☐ No

Safety: Are you in a relationship where you feel unsafe or have been hurt? ☐ Yes ☐ No

Do you regularly wear a seatbelt? ☐ Yes ☐ No

HIV testing: Would you like HIV testing? ☐ Yes ☐ No

(If yes, please tell the nurse.) *HIV testing is recommended for anyone at risk for HIV infection, including persons with a sexually transmitted disease or history of injection drug use, sex workers, sexual partners of HIV-infected persons, or persons at risk.*

Caffeine: How much caffeine do you consume per day? (e.g., coffee, tea, chocolate, soda) _____

Birth control method (if applicable): _____

Sleep: Do you stop breathing during sleep or have concerns about sleep apnea? ☐ Yes ☐ No

Depression screen: Over the last 2 weeks have you been bothered by little interest or pleasure in doing things, or feeling down, hopeless, or depressed? ☐ Yes ☐ No

Medications: Do you have any trouble taking any of your medications? ☐ Yes ☐ No

If so, what sort of trouble? _____

Bladder control: Do you lose control of your urine to the point you would like to know how to treat it? ☐ Yes ☐ No

End-of-life care: Do you want to discuss end-of-life issues? ☐ Yes ☐ No

Update

Has anything new come up in your **family history**? (new illness among blood relatives) _____

Have you developed any new drug **allergies**? _____

Are you experiencing any of the following?

Constitutional symptoms: ☐ fever ☐ weight loss ☐ extreme fatigue

Eyes: ☐ double vision ☐ sudden loss of vision

Ears, nose, mouth, and throat: ☐ sore throat ☐ runny nose ☐ ear pain

Cardiovascular: ☐ chest pain ☐ palpitations

Respiratory: ☐ cough ☐ wheezing ☐ shortness of breath

Gastrointestinal: ☐ nausea ☐ vomiting ☐ abdominal pain ☐ constipation ☐ diarrhea ☐ blood in stools

Genitourinary: ☐ irregular menses ☐ vaginal bleeding after menopause ☐ frequent or painful urination ☐ bloody urine ☐ impotence

Skin: ☐ rash ☐ changing mole

Sleep: ☐ snoring ☐ difficulty sleeping

Neurological: ☐ headache ☐ persistent weakness or numbness on one side of the body ☐ falling

Musculoskeletal: ☐ joint pain ☐ muscle weakness

Psychiatric: ☐ depression ☐ anxiety ☐ suicidal thoughts

Endocrine: ☐ excessive thirst ☐ cold or heat intolerance ☐ breast mass

Hematologic: ☐ unusual bruising or bleeding ☐ enlarged lymph nodes

Allergic: ☐ hay fever

Please identify any issues above which are **new** or that you specifically want to address. _____

_____

If you need help between appointments, please call our office at (_____) _____-_____.

Our goal is to see you the day you call in or the next day. It is helpful if you call first thing in the morning.

One of our nurses will help you decide if you need to be seen and if any tests are needed prior to your appointment.

AAFP FPM

***FPM* Toolbox** To find more practice resources, visit https://www.aafp.org/fpm/toolbox.