

Adult Patient Health Screening

Patient Name _____ Date of Birth _____ Date _____

Preventative Health: Have you had a colonoscopy (ages 50 to 75) _____

If yes, when and where _____

Do you have a copy of your immunization record _____

If yes, please give to the receptionist to make a copy

Females Have you had a pap (ages 23 to 64) _____

If yes, when and where _____

Have you had a mammogram (ages 40 to 74) _____

If yes, when and where _____

Depression Screen: Do you have little interest or pleasure in doing things _____

Do you feel down, depressed, or hopeless _____

Health Literacy: What language do you speak _____

What language do you read _____

What is your highest education level _____

How do you prefer to learn: Watching _____

Listening _____

Doing _____

Reading _____

Other _____

Do you have any special education needs that we should be aware of

At this time do you have any limitations or emotional barriers that may affect your ability to learn _____

Drugs/Alcohol: Have you used drugs other than those for medical reasons in the past 12 months _____

Did you have a drink containing alcohol in the past year _____

Tobacco Use: Are you a: current smoker _____
Former smoker _____
Nonsmoker _____

Sexual History: Have you had sex in the past 12 months _____

Sexual Orientation: Lesbian or Gay _____
Straight (not gay or lesbian) _____
Bisexual _____
Something else _____
Don't know _____
Choose not to disclose _____

Gender Identity: Male _____
Female _____
Transgender Male/Female to Male _____
Transgender Female/Male to Female _____
Other _____
Choose not to disclose _____