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 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**

<table>
<thead>
<tr>
<th>Doctor’s name:</th>
<th>Today’s date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>My blood pressure today:</td>
<td>My body mass index (BMI) today:</td>
</tr>
</tbody>
</table>

#### Topics we discussed today:

- [ ] Bladder control
- [ ] Emotional well-being
- [ ] Exercise (plan/prescription)
- [ ] Fall prevention
- [ ] General health changes
- [ ] Medications
- [ ] Pain management
- [ ] Test results
- [ ] Other: ________________________________

#### Procedures needed:

- [ ] Bone density test
- [ ] Colorectal screening
- [ ] Eye exam (diabetic/regular)
- [ ] Flu vaccine
- [ ] Labs
- [ ] Mammography
- [ ] Other: ________________________________

#### Notes:

- ________________________________
- ________________________________
- ________________________________
- ________________________________

### How to get my test results:

### Next appointment date:

A49948-FF (2/17)