

Name: \_\_\_\_\_

Current Phone number \_\_\_\_\_

We're glad you came in today for a wellness visit. Sometimes this visit is called a "Physical". This is a visit to: - Make sure you are up to date with screening tests and to make sure you are up to date on preventive guidance.

**If you have no other concerns, insurances cover this without a copay. Note: Most insurers will not cover doing preventative care and non-preventative care on the same day. If you have multiple/serious concerns, please stop here and inform the staff that you wish to have those addressed and postpone the wellness visit.**

Please update your health history. (please check all that apply)

Social History

\_\_\_ I have never used tobacco or \_\_\_ I used to use tobacco but quit \_\_\_ (which year)

\_\_\_ I currently use tobacco: \_\_\_ Dip \_\_\_ vape \_\_\_ Cigarettes/ Packs per day \_\_\_ / years smoking \_\_\_

\_\_\_ I do not drink alcohol or \_\_\_ I drink every ( day/ week/ month/ socially) Usually ( beer/ wine/ liquor)

- Ever felt you ought to cut down on your drinking? Yes \_\_\_ No \_\_\_

- Have people annoyed you by criticizing your drinking? Yes \_\_\_ No \_\_\_

- Ever felt bad or quality about your drinking? Yes \_\_\_ No \_\_\_

- Ever had an eye- opener to steady your nerves in the morning? Yes \_\_\_ No \_\_\_

\_\_\_ I do not use illicit drugs or \_\_\_ drugs I currently use \_\_\_\_\_

Drugs I used to use \_\_\_\_\_

I am \_\_\_ working \_\_\_ unemployed \_\_\_ retired \_\_\_ stay at home parent \_\_\_

My current employer is \_\_\_\_\_

I am single \_\_\_ Married \_\_\_ Widowed \_\_\_ living with significant other

I have been or was married for \_\_\_ years

I live in a house \_\_\_ apartment \_\_\_ mobile home \_\_\_ with spouse Yes or No

I have \_\_\_ Children

I have \_\_\_ Siblings

I have \_\_\_ Pets

\_\_\_ I do not exercise or I do exercise \_\_\_ times a week for \_\_\_ minutes. My exercise routine is'

Anything New with medical or surgical history Yes \_\_\_ No \_\_\_

Do you feel safe in your home \_\_\_\_\_

Women-

Last Mammogram \_\_\_\_\_ Location \_\_\_\_\_

Last Pap \_\_\_\_\_ Location \_\_\_\_\_

Last menstrual period \_\_\_\_\_

Bone Dexa \_\_\_\_\_

Do you have an advanced directive or living will? \_\_\_\_\_

Over 45 Patients last colonoscopy \_\_\_\_\_

Please note that we send all labs and pathology orders to Quest unless specified by you if you would like to use another lab.