

Name: _____
 D.O.B.: _____ Date: _____



ADULT HEALTH DATABASE

Please Rate your overall health *for your age* on a 0-10 scale from 0 (Awful Health) to 10 (Perfect Health):

←0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10→

In the last **two weeks** have you been bothered by: Little interest or pleasure in doing things? Yes No
 Feeling down, depressed or hopeless? Yes No

Do you need medication refills today?	Y / N
Do you have forms that need to be filled out today?	Y / N

YOUR most important health QUESTION to be answered? _____
 Do you have some PERSONAL GOALS for your health? _____

Please Indicate if you are having and would like to discuss any of the following symptoms:

Constitutional	Old	New	Genitourinary	Old	New
Excessive Fatigue			Pain during urination		
Fever / Chills			Frequency of urination		
Recent weight change			Blood in urine		
Sleep Disturbances/Apneas			Sexual/Erectile/Libido Trouble		
Eyes			Skin		
Visual changes			Changing moles		
Red Eyes			Skin Rash		
Ear, Nose, Throat, Mouth			Neurologic		
Ear Pain			Headache		
Nasal Congestion/post nasal drip			Dizziness		
Sore Throat			Numbness		
Sores in Mouth			Decrease in strength		
Cardiovascular			Psychiatric		
Chest painful or tight			Depression		
Palpitations / racing heart			Anxiety		
Swelling in feet or ankles			Endocrine		
Respiratory			Excessive sweating		
Coughing			Sweating Heavily at Night		
Wheezing			Excessive thirst		
Shortness of breath			Feeling abnormally hot or cold		
GI			Hem/Lymph		
Decrease in appetite			Easy bruising		
Abdominal pain			Swollen Glands		
Nausea or vomiting			Allergies		
Diarrhea			Food allergies		
Constipation			Seasonal allergies		
Heartburn			Gynecological (women)		
Blood in stool			Irregular vaginal bleeding		
Musculoskeletal			Vaginal Discharge		
Neck Pain			Vaginal pain, itching or burning		
Back Pain			New/changing breast lump		
Joint Pain					

****Beyond your preventive care please list additional questions you want addressed if possible:**



Preventive Care Coverage versus Medical Care Coverage

Most insurance plans now cover preventive care without copays or deductibles. These services typically include an annual preventive “wellness visit,” routine vaccines, and screenings for medical conditions such as cancer, high cholesterol and diabetes.

Monitoring of chronic conditions, re-prescribing most medications, or assessing and managing *new* symptoms are not considered “preventive care” by insurance companies following national guidelines. These services are treated as two separate visits and must be billed as such.

For your convenience, we often complete both of these services at one office visit.

However, if we manage chronic medical conditions (re-prescribe medications, monitor labs, order tests), or manage new symptoms (knee pain, cough, rash, etc. ...) at a “preventive visit” you may have a co-pay or deductible payment your insurance typically requires for a routine non - “preventive” medical office visit.

In summary: You can receive both types of services together, but please be aware that **your insurance will likely consider these two separate types of care on the same day, and some charges may apply.**

Here are some typical examples (but confirm with your own insurance):

Preventive Visit

Annual wellness visit
Cholesterol or diabetes screening
Flu shot

Routine Medical Care

medication re-prescribing
lab tests to monitor chronic conditions
order x-rays to diagnose symptoms