Adult Health Screening Form

COLUMBIA GORGE FAMILY MEDICINE

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Date: _____ (mm/dd/yyyy) **Birthdate:** _____ (mm/dd/yyyy)

Patient Name: _____ (last name, first name, middle initial)

NOTE: We request that you update this form at least once per year. If you have already done so, check here: ☐

Family Planning

☐ Tubal
☐ Vasectomy
☐ Hysterectomy
☐ Postmenopausal

Would you and your partner wish to become pregnant this year? ☐ No ☐ Yes ☐ Unsure

If you answered "No", what are you using to prevent pregnancy (check one)? ☐ Nothing

☐ Withdrawal ☐ Condoms ☐ Spermacide ☐ Implant ☐ Emergency pill

☐ Birthcontrol Pills ☐ Patch ☐ Depo-Provera ☐ Nuva ring ☐ IUD ☐ Not applicable

Access to Food

In the last 12 months, did you and the people you live with worry that you would run out of food before you were able to get more? ☐ No ☐ Yes

In the last 12 months, did you and the people you live with run out of food before you were able to get more? ☐ No ☐ Yes

Tobacco Use

Do you currently smoke tobacco cigarettes or cigars? ☐ No ☐ Yes

If so, how much tobacco do you smoke per week? _____

Do you use any other tobacco products including chew or e-cigarettes? ☐ No ☐ Yes

If so, how much tobacco do you consume per week? _____

Alcohol Consumption

MEN: How many times in the past year have you had 5 or more drinks in a day? ☐ None ☐ 1 or more

WOMEN: How many times in the past year have you had 4 or more drinks in a day? ☐ None ☐ 1 or more

Alcohol: One drink =  12 oz. beer  5 oz. wine  1.5 oz. liquor (one shot)

Recreational Drugs

How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons? ☐ None ☐ 1 or more

Note: Recreational drugs include methamphetamines (speed, crystal), cannibis (marijuana), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin).

Mood

PHQ2 (2015)

Over the past 2 weeks, how often have You been bothered by any of the following problems?	Not at all	Several Days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	☐	☐	☐	☐
2. Feeling down, depressed, or hopeless	☐	☐	☐	☐

Caffeine Use

Do you consume caffeine in coffee, tea, energy drinks, etc.? ☐ No ☐ Yes

If so, how much caffeine do you consume in a typical day? _____