

PATIENT VISIT QUESTIONNAIRE

Patient Name _____

Date: _____

The purpose of this questionnaire is to provide an update on your current health status. The information you provide will help guide your healthcare provider on your current health status.

What are the three (3) most important topics you would like to discuss with your healthcare provider today? (Please provide details)

1: _____

2: _____

3: _____

1. Have your medications changed since your last visit? YES NO

If yes, provide details: _____

2. Have you developed any new allergies since your last visit? YES NO

If yes, provide details: _____

3. Have there been any changes to your family medical history (i.e. Parents, Siblings, etc.) YES NO

If yes provide details: _____

4. Have you seen other Healthcare providers OR had any labs/x-rays since your last visit? YES NO

If yes, provide details: _____

5. Do you use tobacco products? YES NO

If yes, how much do you use per day? _____

6. Do you consume alcohol? YES NO

If yes, how much alcohol do you consume per day? _____

7. Are you concerned about your body weight? YES NO

If yes, are you interested in a personalized plan to help you manage your body weight? YES NO

8. Are you depressed, feeling down, and/or lost interest in things? YES NO

9. Are you having difficulty sleeping? YES NO

10. Please rate your confidence level in managing your health or medical problem.

Very Confident Somewhat Confident Not Confident I have no health/medical problems