Pre-Visit Sheet

The Everett Clinic

For the whole you.

Patient Label

To be certain that we have your updated and current information in your computerized health record, please do the following:

Fill out both sides of this form and give to my medical assistant.

Please provide your medication list and or any new medications, OTC medications or vitamins you may be taking to my medical assistant.

The information you provide will help focus this visit on your most important medical concerns, as well as alerting us to any significant changes since your last visit.

Thank you for allowing us to participate in your care.

What would you like to address during your visit today*:*

1.

2.

3.

Check the appropriate box if you have any of the following Symptoms

	Constitutional		Eyes		Gastrointestinal		Endo/Heme/Allergy
☐	Fever	☐	Blurred Vision	☐	Heartburn	☐	Easy Bruising
☐	Chills	☐	Double Vision	☐	Nausea	☐	Environmental Allergies
☐	Weight Loss	☐	Sensitive to Light	☐	Abdominal pain	☐	Excessive Thirst
☐	Excessive Sweating	☐	Eye Pain	☐	Diarrhea		**Neurological**
☐	Fatigue	☐	Eye Discharge	☐	Constipation	☐	Dizziness
☐	Weakness	☐	Eye Redness	☐	Blood in Stool	☐	Tingling
	Skin		**Cardiovascular**	☐	Black Stools	☐	Tremor
☐	Rash	☐	Chest Pain		**Genitourinary**	☐	Sensory Change
☐	Itching	☐	Palpitations	☐	Dysuria	☐	Speech Change
	Head, Ears, nose, Throat	☐	Shortness of Breath	☐	Urgency Urinary Stress Incontinence	☐	Focal Weakness
☐	Headaches	☐	Pain in Legs	☐	Frequency	☐	Seizures
☐	Hearing Loss	☐	Leg Swelling	☐	Blood in urine	☐	Loss of Consciousness
☐	Ringing in Ears		**Respiratory**	☐	Flank Pain		**Psychiatric**
☐	Ear Pain	☐	Cough		**Musculoskeletal**	☐	Depression
☐	Ear Discharge	☐	Coughing up Blood	☐	Muscle Pains	☐	Suicidal Ideas
☐	Nosebleeds	☐	Sputum	☐	Neck Pain	☐	Substance Abuse
☐	Congestion	☐	Short of Breath	☐	Back Pain	☐	Hallucinations
☐	Sore Throat	☐	Wheezing	☐	Joint Pain	☐	Anxiety
						☐	Insomnia
						☐	Memory Loss

☐ **My Menstrual periods are normal**; they come every ___ days, last for _____ days and are not too heavy or painful.		
☐ **My periods are <u>Abnormal</u>** because of	☐ Heavy flow ☐ Large clots ☐ Prolonged bleeding ☐ Pain with periods ☐ Bleeding after sex ☐ Pain with sex	☐ Unpredictable bleeding o Too frequent o Too far apart ☐ Bleeding between periods ☐ Other
At what age did you have your **first period?** _____ When did your **last menstrual period** begin? Month _____ Day _____ Year _____		
☐ **I don't have periods because of** ☐ Menopause ☐ Surgery (hysterectomy or other) ☐ Medication ☐ Other:		
Sexual Activity ☐ Not currently ☐ Never ☐ Yes I have had sexual activity in the past 3 months.	**Birth Control Method:** __ Pill __ IUD __ Condoms __ diaphragm __Tubal ligation __ Patch __ Vasectomy __ None Other:	

☐ **I want to discuss ways to manage my abnormal periods**

☐ **I want to discuss birth control options**

Women's Health Screening **Please review the following guidelines**:

<u>Cervical Cancer Screening Guidelines:</u> Age 21-29: Pap smear every 3 years. Age 30 to 65: Pap smear and HPV every 5 years. Over 65: no pap smears needed	Date of your last Pap Month_____ Year _____	Last pap result: ☐ Normal ☐ Abnormal

☐ **Please perform a pap smear**

<u>Breast Cancer Screening Guidelines:</u> Monthly breast self-exams and yearly provider breast exam for all women. Mammograms every 1-2 years at age 40, yearly beginning age 50.	Date of your last mammogram? Month _____ Year _____ ☐ Does not apply	Last Mammogram result: ☐ Normal ☐ Abnormal	Have you had a provider breast exam within one year? ☐ Yes ☐ No

☐ **Please schedule a mammogram**

☐ **Please perform my yearly provider breast exam**

☐ **Please provide instruction on breast self-examination**

<u>Cholesterol Screening Guidelines:</u> Lipid profile testing every 5 years beginning age 45	Year that your lipid profile was last done? ☐ Does not apply

☐ **Please arrange for lipid profile testing**.

<u>Colon Cancer Screening Guidelines:</u> Colonoscopy age 50, repeat every 10 years	Year of my last colonoscopy _____ ☐ Does not apply

☐ **Please provide information on how to schedule colonoscopy**