

Name \_\_\_\_\_ Birthday \_\_\_\_\_ Date: \_\_\_\_\_

**VISIT PLANNING:**

What is the reason for this visit? \_\_\_\_\_  
\_\_\_\_\_

Is there something else you are concerned about? \_\_\_\_\_

Have you seen other health care providers, had tests done or been to the hospital since our last visit?  
\_\_\_\_\_

**PAIN:** In the past month, how much bodily pain have you generally had?

no pain      very mild pain      mild pain      moderate pain      severe pain

**FEELINGS:** In the past month, how much have you been bothered by emotional problems such as feeling anxious, depressed, irritable, or not caring about your life?

not at all      slightly      moderately      quite a bit      extremely

**HEALTH HABITS:** In the past month, how often did you practice good health habits such as using a seat belt, getting exercise, eating well, getting enough sleep, not using tobacco, brushing your teeth, wearing safety helmets, taking your medicines? (circle)

all the time      most of the time      some of the time      a little of the time      none of the time

Is there a health habit you would like to work on improving? \_\_\_\_\_

Would you like help with a goal you have for improving your health? \_\_\_\_\_

**CONFIDENCE:** Are you confident in managing your health?

I can do it    1    2    3    4    5    6    7    8    9    10    I can't do it

**SUPPORT:** In the past month, if you needed someone to listen or to help you, was someone there for you?

yes, as much as I want      yes quite a bit      yes, some      yes, a little      no, not at all

Is there someone in your personal life that is hurting you or frightening you?    Yes    No    Maybe

Is someone at work threatening and/or harassing you?    Yes    No    Maybe

**MEDICINES:**

Have you added any new medicines or stopped any medicines recently? \_\_\_\_\_

Are your medicines making you ill? \_\_\_\_\_

How often do you miss a dose of your medicine? \_\_\_\_\_

Do you have trouble getting your medicines? \_\_\_\_\_

**Please bring all your medicines or an up-to-date list with you to every visit and ask for refills.**

NAME: \_\_\_\_\_ Date: \_\_\_\_\_ Best phone number \_\_\_\_\_

\*Has your phone number or address changed recently? \_\_\_\_\_

**Your Blood Pressure Today:**

SYS: \_\_\_\_\_ (systolic blood pressure - the higher number)

DIA: \_\_\_\_\_ (diastolic blood pressure - the lower number)

PULSE: \_\_\_\_\_

**How is your blood pressure (please check)?**

Under 120/80 - Ideal blood pressure is below 120/80. Your blood pressure is doing well!

**For people without kidney disease, diabetes, heart disease or stroke:**

120-139/80-89 – This is elevated blood pressure. We recommend making changes in life style to bring your blood pressure down. For example, increasing fruits and vegetables, losing weight, cutting down on salt, limiting alcohol, exercising more, quitting smoking, reducing stress.

140/90 or higher - medication is recommended if the lifestyle changes above don't work.

**For people with kidney disease, diabetes, stroke or other increased risk for a heart attack:**

130/80 or higher – Medication is recommended if the lifestyle changes above don't work ideally bringing it under 120/80.

These goals may be adjusted for those who are elderly, frail and or have a diastolic pressure under 70. New research is being done and these recommendation may change as we gain better understanding.

**Your Weight Today:**

My weight is \_\_\_\_\_ My height is \_\_\_\_\_ (If you don't know, I will measure you.)

**Today my weight is:**

(please circle)                      is doing well                      needs attention (overweight)                      is in trouble (obese)

| Your Height      | Your weight needs attention if: | and is in trouble if: |
|------------------|---------------------------------|-----------------------|
| 4 Feet 10 Inches | Over 119                        | Over 143              |
| 4 Feet 11 Inches | Over 124                        | Over 148              |
| 5 Feet           | Over 128                        | Over 153              |
| 5 Feet 1 Inches  | Over 132                        | Over 158              |
| 5 Feet 2 Inches  | Over 136                        | Over 164              |
| 5 Feet 3 Inches  | Over 141                        | Over 169              |
| 5 Feet 4 Inches  | Over 145                        | Over 174              |
| 5 Feet 5 Inches  | Over 150                        | Over 180              |
| 5 feet 6 Inches  | Over 155                        | Over 186              |
| 5 Feet 7 Inches  | Over 159                        | Over 191              |
| 5 Feet 8 Inches  | Over 164                        | Over 197              |
| 5 Feet 9 Inches  | Over 169                        | Over 203              |
| 5 Feet 10 Inches | Over 174                        | Over 209              |
| 5 Feet 11Inches  | Over 179                        | Over 215              |
| 6 Feet           | Over 184                        | Over 213              |
| 6 Feet 1 Inches  | Over 189                        | Over 221              |
| 6 Feet 2 Inches  | Over 194                        | Over 233              |
| 6 Feet 3 Inches  | Over 200                        | Over 227              |
| 6 Feet 4 Inches  | Over 205                        | Over 233              |