

Preventive Health Screening

Initial Annual

Name _____ Date Completed _____

Address _____

Local phone number _____ Alternative phone number _____

Preferred Pharmacy _____ Pharmacy phone number _____

Please describe what problem or concern brought you to our office today:

Health Literacy Questionnaire:

It is really important to your provider that you understand the information related to your health. Please rate the following questions on a scale of 1 to 10; 1 being strongly disagree and 10 being strongly agree

I feel that I have a thorough understanding of the instructions that my doctors and nurses give me about my health	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10
I feel that I remember the instructions given to me at my doctor's office when I get home	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10
I feel that I have a strong understanding of medical language	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10

Health Maintenance:

Please check whether you have had the following preventive services and enter the year of the service

Immunizations		Year	Tests		Year
Tetanus vaccine / Tdap	<input type="checkbox"/> Yes <input type="checkbox"/> No		Pap smear/pelvic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pneumonia vaccine	<input type="checkbox"/> Yes <input type="checkbox"/> No		Mammogram	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Influenza vaccine	<input type="checkbox"/> Yes <input type="checkbox"/> No		Bone denscan	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Shingles vaccine	<input type="checkbox"/> Yes <input type="checkbox"/> No		Colonoscopy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			Prostate test	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Vaccines taken since previous year		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list vaccine name and date:		

Health Behaviors: Requires Updating Annually for 11 years and older

Tobacco use: Never Quit (when) _____ Current smoker

If current smoker how many packs per day for how many years _____

Alcohol intake: No Yes If yes how many drinks/how often _____

Have you or are you currently taking an Opioid medication (ex: morphine, oxycontin, dilaudid, fentanyl)? Yes No

If yes, Did you utilize non-medication treatments for your pain before taking medication? (Heat/Cold/Physical Therapy) Yes No

Illicit drug use (including marijuana, cocaine, steroids): Never Past Current

If Past or Current drug use describe:

Exposure to secondhand smoke Yes No Wear a seatbelt Yes No

Eat a diet high in fruits and vegetables Yes No See a dentist at least once a year Yes No

Get 30 minutes of exercise 5 times a week Yes No Wear sunscreen Yes No

Urinary Incontinence Assessment: Requires Updating Annually for 65 years and older

Do you experience leaking in the following situations: Not at all A little Sometimes A lot

During daily activities (work, household task)

During physical activities (walking, swimming, or other exercise)

During recreational activities (movies, hobbies)

During social activities (going out with friends, family visits)

Fall Risk Screening: Requires Updating Annually for 65 years and older

In the last 12 months have you fallen?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
If yes, how many times?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+
Were you injured as a result of this fall?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

Functional Assessment: Requires Updating Annually for 65 years and older

Do you need assistance in the following areas?				
	Not at all	A little	Sometimes	A lot
Bathing, dressing and grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daily activities (cooking, cleaning other household tasks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking or driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicating needs and feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping appointments, taking medications and performing other medical treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes to any of these questions, who helps with these activities?				

Mood Screening: Requires Updating Annually for age 11 and up

A person's mood can have a strong influence on their health status and overall wellbeing.
Over the past 2 weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things	Feeling down, depressed, or hopeless
<input type="checkbox"/> Not at all	<input type="checkbox"/> Not at all
<input type="checkbox"/> Several days	<input type="checkbox"/> Several days
<input type="checkbox"/> More than half the days	<input type="checkbox"/> More than half the days
<input type="checkbox"/> Nearly every day	<input type="checkbox"/> Nearly every day

Social History: Requires Updating Annually

Please check appropriate answers below and provide explanations where appropriate

Job concerns: Stress Hazardous substances Heavy lifting Transportation

How stressful would you rate your job situation?

Not Very Stressful 0 1 2 3 4 5 6 7 8 9 10 Very Stressful

Have you had CHANGE in Marital Status: No Yes If yes, describe below:

How stressful would you rate your current living situation?

Not Very Stressful 0 1 2 3 4 5 6 7 8 9 10 Very Stressful

Do you fear for your safety in your current living situation? No Yes If yes, describe below:

Are there financial concerns that affect your ability:

1) to go to the doctor No Yes If yes, describe:

2) to obtain food and shelter No Yes If yes, describe:

Are there any religious or cultural factors that you would like us to take into account when planning your healthcare?
 No Yes If yes, describe:

Patient Signature: _____ Date: _____

Provider reviewed: _____ Date: _____

HEALTH PROMOTION AND EDUCATION

Medicare Covers Your Annual Wellness Visit Call Your Physician Today to Schedule your visit this year- 2023

HEALTHY DIET

Our region has one of the highest adult obesity rate in the nation. The term obese means you have a body mass index (BMI) of 30 or higher. In the

women, this is a waist size more than 35" and in the men, a waist size more than 40". Nearly 7 out of 10 American adults are either overweight or obese. Being obese puts one at a higher risk for health problems such as heart attack, stroke, high blood pressure, diabetes, and cancer. Lifestyle changes – increasing exercise, decreasing fried foods and sugars and reducing stress will decrease obesity-related health problems.

Considerations: Consume 4-5 servings of fruit and vegetables a day. Prefer to eat at home to control portions and decrease high-calorie foods. Walk 30 minutes at least five days a week to burn approximately 1,000 Calories. Drink more water.

COMMUNICATE WITH YOUR PHYSICIAN

What is my ideal body weight?
Should I see a nutritionist or join a weight-loss program?
What type of exercise would be helpful for my health?

EXERCISE

Take a look at some of these stats on how much activity would be required to burn the following popular foods and beverages based on a 35 year old female who is 5'7" and weighs 144 lbs.

Food	Calories	Activity required to burn off
Starbucks Grande Caramel Frappuccino (whole milk with whipped cream)	410	2 hours walking, 48 minutes jogging, 35 minutes swimming, 64 minutes cycling
McDonald's small French fries	231	1 hour 4 minutes walking, 26 minutes jogging, 19 minutes swimming, 35 minutes cycling
Dunkin Donuts bacon, egg, and cheese on plain bagel	520	2 hours 24 minutes walking, 1 hour jogging, 43 minutes swimming, 1 hour, 19 minutes cycling
Olive Garden spaghetti and meatballs dinner entrée	920	4 hours 15 minutes walking, 1 hour, 45 minutes jogging, 1 hour 17 minutes swimming, 2 hours 20 minutes cycling
Bottle of Coke – 20 ounces	239	1 hour 6 minutes walking, 27 minutes jogging, 20 minutes swimming, 36 minutes cycling
Subway chicken and bacon ranch melt 6" sub	570	2 hours 38 minutes walking, 1 hour 5 minutes jogging, 47 minutes swimming, 1 hour 27 minutes cycling

Monitor Your Blood Pressure

High Blood pressure, if left untreated, is associated with injury to blood vessels and can lead to a stroke, heart attack and kidney disease. By adopting a heart

healthy lifestyle, you can reduce your blood pressure. A good blood pressure is a systolic BP (top number) of less than 140 and a diastolic BP (bottom number) of less than 90. If you are over 60 years of age and do not have diabetes or kidney disease, an acceptable blood pressure is less than 140/90. A systolic BP of 120-139 and diastolic BP of 80-89, means you have **prehypertension**, which can increase your risk for a heart attack.

TAKE ACTION

To lower your risk for stroke and heart attacks, lifestyle changes are essential.

- Do not add salt to food or consume salty foods like canned soups. Review the Dash Diet at www.dashdiet.org for more information.
- increasing exercise, (walking 30 minutes at least five days per week)
- decreasing weight (losing 5% of your body weight, if

overweight) *example: If you weigh 200 lbs., lose 10 lbs.*

- managing stress
- avoiding tobacco smoke
- taking medication as directed
- limiting alcohol can sign lower blood pressure.

HEALTH PROMOTION AND EDUCATION

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Understand Your Prescription

Always read the labels on all over the counter (OTC) medications, mainly if you have blood pressure of 140/90 mm Hg or greater. People with high blood pressure should be aware that the use of over-the-counter decongestants or arthritis and pain medications may raise blood pressure. Over-the-counter cold and flu preparations that contain decongestants are usually identified with a "-D" in their name and include: Ephedrine, Phenylephrine, Pseudoephedrine, Synephrine. Some commonly used arthritis and pain medications that can increase your blood pressure are Celebrex, ibuprofen (Advil), Relafen, naproxen. **Please bring a medication list or bottles to your visit so your doctor can confirm that all medications are needed.**

Work To Prevent Falls

Falls are a leading cause for emergency room visits or hospital stays. Factors that lead to falls include poor vision or balance and coordination, numbness in feet and hands, or a drop in blood pressure. Tell your provider if you have any of these symptoms so you can be evaluated. Things in your home that increase your risk of falls include loose rugs, poor lighting, & cluttered walkways.

Get Your Immunizations

Nearly 200,000 people are hospitalized, and 36,000 people die from flu related complications each year. Patients are urged to receive a flu shot yearly

It is recommended for patient's age 65 years old also to receive the following vaccines: pneumonia, which protects against strep infections; Zostavax (shingles shot) and Tdap (Tetanus, diphtheria, and pertussis).

Discuss Depression, Worry or Stress

Do You Feel Sad or Empty?

Depression in older adults is common, but it is not a normal part of aging. It is often not recognized or treated and may be hard to detect.

Life changes can increase the risk for depression. A move from home, chronic illness or pain, children moving away, loss of spouse and loss of independence may all increase the risk of depression. Common symptoms such as fatigue, appetite loss, and trouble sleeping can be part of aging, physical illness, or depression.

COMMUNICATE WITH
YOUR PHYSICIAN

If you are depressed, you should increase activity and exercise as directed by your physician. Surround yourself with caring, positive people, learn good sleep habits, and talk about your feelings with someone you trust. Take medications correctly and discuss any symptoms or side effects with your provider.

Ask "What type of activity and exercise would be helpful for my health?"

Don't Skip Your Screenings

About 1 in 8 US women (~12%) will develop invasive breast cancer over the course of her lifetime. Survival is much higher when cancer is detected in early stages. Performing screening mammography is an effort to find cancer before there are any symptoms.

Colon cancer is the third most commonly diagnosed cancer and the second leading cause of cancer death in men and women combined in the US. The lifetime risk of developing colon cancer is about 1 in 20 (5%). However, this varies widely according to individual risk factors. Screening colonoscopies are very important.

Tobacco Cessation. How To Stop Tobacco Use

Make a decision to quit. Pick a stop date and let people know. Here are some strategies to help stop tobacco use:

If you use tobacco in any form with your morning coffee, plan to have your first coffee at work where you can't use tobacco. If you use tobacco after meals, plan to get up after a meal. Go for a walk, brush your teeth, do something. you use tobacco when you're on the phone, put one of those stress balls next to your phone to keep your hands occupied. Plan to keep yourself busy in the beginning. Too much unstructured time is not a good thing when it comes to tobacco cessation. Ask your healthcare provider for help!

EMERGENCY

Call your provider for answers to questions about becoming a Healthier You!

GETTING YOUR AFFAIRS IN ORDER: Advance Care Planning

Making health care decisions for yourself or someone who is no longer able to do so can be overwhelming. That's why it's important to get a clear idea about preferences and arrangements while you can make decisions and participate in legal and financial planning together.

Use this checklist to ensure health care and financial arrangements are in place before serious illness or a health care crisis.

- ✓ **Start discussions** early with your loved one while everyone can still help make decisions.




- ✓ **Create documents** that communicate **health care, financial management,** and **end of life** wishes for yourself and the people you care for, with legal advice as needed.




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-  **Review plans regularly,** and update documents as circumstances change.




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-  **Put important papers in one place.** Make sure a trusted family member or friend knows the location and any instructions.




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-  **Make copies of health care directives** to be placed in all medical files, including information on every doctor seen.



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-  **Give permission** in advance for a doctor or lawyer to talk directly with a caregiver as needed.



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-  **Reduce anxiety** about funeral and burial arrangements by planning ahead.



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Adolescent and Adult Internal Medicine

FollowMyHealth (FMH) Patient Portal

<http://www.larrybermanmd.com/patient-portal.html>

**Please contact us at 704.542.6111 to request an invitation for the patient Portal
(required to gain access)**

FollowMyHealth is used by hundreds of healthcare organizations and thousands of physicians across the country as the power behind their hospital or clinic's specific patient portal.

With FollowMyHealth, you can:

- Review your medical records online in a safe, secure environment.
- Communicate privately with physicians via secure messaging.
- View test and lab results, read medical notes from your doctor.
- Update your health information (allergies, medications, conditions, etc.)
- Request Rx refills
- Schedule or change appointments.
- Fill out and submit forms prior to appointments.
- View and pay bills ...and more!

And it's available online 24 hours a day, 7 days a week via any computer, tablet, or smart phone!

Allscripts, the innovators of FollowMyHealth, have created this Knowledge Base to help you obtain answers to all your FollowMyHealth questions.

Please call our office at (704) 542-6111 for any questions regarding your FollowMyHealth patient portal.