HEALTH ASSESSMENT 2024

PATIENT NAME: _____ **DATE: _____**

Are you a current tobacco smoker? ☐ Yes ☐ No	**If YES, was Cessation Counseling performed?** ☐ Yes ☐ No
Did you have any falls in the past 12 months? Any balance Issues? ☐ Yes ☐ No	
Do you use a cane, walker, or wheelchair? ☐ Yes ☐ No	
If you are a 50-74 y.o. woman, did you have a mammogram in 2023 or 2024? ☐N/A ☐ Yes ☐ No **Date of last: _____ Results: _____ Place Tested:** Facility/MD: _____	
If you are 50-75 y.o., were you screened for colorectal cancer in the last 10 years? ☐ N/A ☐ Yes ☐ No **Date of last: _____ Results: _____ Type of Screening: _____ Facility/MD: _____**	
If you are a diabetic, what was your last A1C? _____ A1C Date: _____ **Date of last Retinal Diabetic Eye Exam: _____ Results: _____ Where: _____**	
Have you had a FLU vaccine? _____ Date & Location of last FLU vaccine: _____ If none, WHY? _____ **Date of last Pneumococal Vaccine: _____ Where: _____**	

PHQ-9 PATIENT DEPRESSION QUESTIONNAIRE

Over the last *2 weeks*, how often have you been bothered by any of the following problems? (circle answer)	**Not at all**	**Several days**	**More than ½ the days**	**Nearly everyday**
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling/staying asleep, sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3
	Add columns	+	+	
	TOTAL			

10. If you checked off ***any problems***, how *difficult* have these problems made it for you to do your work, take care of things at home, or get a long with other people?	Not difficult at all _____ Somewhat difficult _____ Very difficult _____ Extremely difficult _____