

NAME _____



RETURN

PRIMARY CARE HOUSE CALLS
WE BRING MEDICAL CARE TO YOU!

Please read and answer all the questions to the best of your ability.

Current Health Conditions (please mark all that apply to you)

- | | |
|-------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Diabetes or High Blood Sugar |
| <input type="checkbox"/> Other Breathing or lung conditions | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> HIV or AIDS |
| <input type="checkbox"/> Heart Failure | <input type="checkbox"/> Behavioral or Mental Conditions |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Stroke/blood clot or bleed |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Thyroid Disease | <input type="checkbox"/> None |

General Health Topics

In general, would you say your health is: (Please circle the answer that most applies to you)

- Excellent Very Good Good Fair Poor

Have you had your flu shot in the last year?

- YES
 NO

pneumonia shot?

- YES
 NO

COVID –19 Vaccine?

- YES
 NO
 ONE SHOT or
 TWO SHOTS

Do you currently use tobacco?

- YES
 NO

This past year, how many times have you been to the Emergency Room?

- None
 Once
 Twice
 Three or more times

In the past year, how many times have you stayed overnight as a patient in the hospital?

- None
 Once
 Twice
 Three or more times

How often do you need help with the following?

Taking your medications

- Never
- Rarely
- Sometimes
- Always

- Rarely
- Sometimes
- Always

Getting around your house

- Never
- Rarely
- Sometimes
- Always

Bathing

- Never
- Rarely
- Sometimes
- Always

Feeding yourself

- Never
- Rarely
- Sometimes
- Always

Dressing yourself

- Never
- Rarely
- Sometimes
- Always

Getting in/out of bed/chair

- Never

Using the toilet

- Never
- Rarely
- Sometimes
- Always

Over the past month, have you been bothered by:

Poor appetite?

- Yes
- No

Body Pain that makes it difficult to work or complete activities?

- Yes
- No

Who is the current President of the United States?

- Barack Obama
- George Bush
- Joe Biden

What is the current year?

- 1989
- 2024
- 2000

Thank you for completing these important health questions.