# Let's talk

Patient name _____

Today's date _____

During today's visit, please share this with your healthcare provider as a guide to discuss health concerns or needs.

| Physical and emotional health | | | |
|---|---|---|---|
| Does your physical health ever keep you from your daily activities? | ☐ Almost never | ☐ Occasionally | ☐ Frequently |
| Do you participate in physical activity, such as going for regular walks or exercising? | ☐ Almost never | ☐ Occasionally | ☐ Frequently |
| Does stress, worry or anxiety ever keep you from daily activities, impact your daily work or interfere with your sleep? | ☐ Almost never | ☐ Occasionally | ☐ Frequently |
| Do you feel connected to your community or the people around you? | ☐ Almost never | ☐ Occasionally | ☐ Frequently |
| Do you have difficulties affording food, housing or medical care? | | ☐ Yes | ☐ No |
| In the past 12 months, have transportation issues prevented you from going to medical appointments, work, or obtaining essential items for daily living? | | ☐ Yes | ☐ No |
| Have you had any big life changes in the past few months? Examples could include but are not limited to: the death of a loved one or friend, a move to a new home, a new illness or injury. | | ☐ Yes | ☐ No |

| Medicines | Yes | No |
|---|---|---|
| Are any of your current prescription medicines difficult to afford or get filled? | ☐ | ☐ |
| Do you have any questions about how or when to take your medicines? | ☐ | ☐ |

| Balance and bladder concerns | Yes | No |
|---|---|---|
| Have you fallen in the past or are you concerned about falling? | ☐ | ☐ |
| Have you had a broken bone or fracture of any sort within the last 12 months?<br>If yes, please provide date if known: _____ | ☐ | ☐ |



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| Balance and bladder concerns (cont'd) | Yes | No |
|---|---|---|
| Do you have any problems with balance or walking? | ☐ | ☐ |
| Have you had any struggles with urine leakage or having frequent urges to urinate? | ☐ | ☐ |

| Health updates | Yes | No |
|---|---|---|
| Have you had any recent healthcare visits outside of this office? If yes, please provide the details below.<br>Date of the visit: _____<br>Reason for the visit: _____<br>Were any new medicines prescribed during the visit? If yes, please list them below.<br>_____ | ☐ | ☐ |
| Have you had a flu shot in the past 12 months? | ☐ | ☐ |
| Have you had a hospital stay or a visit to the emergency room in the past 12 months? If yes, please provide date if known: _____ | ☐ | ☐ |
| Have you had a colorectal cancer screening by either a home test, doctor or medical facility? If yes, please provide date if known: _____ | ☐ | ☐ |
| If you are a woman between the ages of 52-74, have you had a mammogram in the last 18 months? If yes, please provide date if known: _____ | ☐ | ☐ |

Have you ever been diagnosed with any of the following conditions?

☐ Any type of cancer ☐ diabetes ☐ heart disease ☐ high blood pressure ☐ stroke ☐ arthritis
☐ osteoporosis ☐ depression ☐ chronic obstructive pulmonary disease (COPD) ☐ kidney disease

| Our office | Yes | No |
|---|---|---|
| Did you have any difficulty scheduling today's appointment? | ☐ | ☐ |

Do you have any feedback or suggestions on how to improve your experience with our office?