



NEW PATIENT PACKET

UPMC LIFE
CHANGING
MEDICINE

UPMCPinnacle.com/PrimaryCare

TABLE OF CONTENTS

Thank You for Choosing Us	4
The UPMC Pinnacle Family.....	5
We're Here 24 / 7	6
Visiting Your Primary Care Provider (PCP).....	7-10
Your Insurance and You	11-12
Patient-Centered Medical Home	13-14
Patient Rights and Responsibilities.....	15
Patient and Visitor Code of Conduct.....	16

Thank You for Choosing Us

Thank you for choosing UPMC Pinnacle for your primary and specialty health care needs. We know you want to be as healthy and safe as possible. We want to give the best possible care to every life we touch. We are looking forward to getting to know you and working with you so you can feel your best.

ABOUT YOUR PACKET

The new patient packet is your guide to UPMC Pinnacle. It tells you what you need to know about visiting us, calling us, and getting the care you need. There are also forms for you to fill out. Getting to know you and your health history helps us to give the care you need.

YOUR FIRST APPOINTMENT

Your first appointment is called a new patient appointment. You will meet your primary health care provider (PCP) and go over the forms you have filled out. You will also talk about any blood work or other appointments you might need. Below is other information you will need to know for your first appointment:

- Plan to get to your appointment 30 minutes early.
- Bring a photo ID with you. This might be a driver's license or a work or school badge.
- Bring your insurance card with you.
- Bring the forms you have filled out in the addendum packet.
- Ask for other health records to be sent to your new PCP office.
- If someone helps you with your health, we would love to meet them!

My new primary health care office

My PCP's Name: _____

Office Name: _____

Address: _____

Telephone Number: _____ Fax Number: _____

My appointment day and time

Date: _____ Time: _____ AM / PM

Thank you again for choosing us. We look forward to caring for you!

The UPMC Pinnacle Family

UPMC Pinnacle provides primary and specialty care to people who live in central Pennsylvania. We can take care of your routine health needs and help you live well with conditions like diabetes or asthma. When you're feeling sick, we have people that can see you the same day. Everyone at UPMC Pinnacle wants you to feel your best, every day. A list of our locations is available on our website at UPMCPinnacle.com/PrimaryCare.

UPMC PINNACLE

UPMC Pinnacle began as Harrisburg Hospital in 1873. We have cared for the people of central Pennsylvania for over 100 years. We know how important it is to take care of your health close to home. We have seven hospitals and over 50 primary health care locations to help you do just that. We also have places to help you with:

- X-rays, MRIs, or other tests
- Walk-in care when you feel sick
- Cancer care
- Rehabilitation needs
- Spine and back care
- Specialty care for chronic diseases
- Outpatient surgery
- Pregnancy and childbirth
- Heart care
- Weight loss

OUR MISSION

Our Mission: UPMC Pinnacle is a charitable organization dedicated to maintaining and improving the health and quality of life for all the people of central Pennsylvania.

Our Vision: UPMC Pinnacle will be the most caring, innovative, disciplined, and trusted health system in central Pennsylvania.

Our Values:

- Concern
- Charity
- Professionalism
- Collaboration
- Respect
- Satisfaction
- Accountability
- Safety

We believe in our mission, our vision, and our values. We listen to what you need and work as a team to keep you healthy and safe. We use current research and equipment, which means we are always learning! We want you to have the best possible care when you need it.

WE'RE HERE 24 / 7

You can call us anytime. Our phones are answered no matter what time it is. That's because we're here, all day every day.

IN AN EMERGENCY

If you have an emergency, please go to the nearest hospital emergency room or call 911.

Please call your PCP after your emergency has been taken care of. This helps to let us know you had an emergency. Your PCP might want to see you to make sure you are doing okay.



WHEN YOUR PCP OFFICE IS OPEN

When you need to make an appointment, feel sick, or have a question, call your PCP first. If you are feeling sick, we can usually see you on the same day. If what we have available is hard for your schedule, we have many walk-in locations to help you feel better fast. You can find a list of our walk-in and urgent care locations and hours on our website at UPMCPinnacle.com/RightCare.

When you need to talk with a nurse or someone in your PCP office, our call center will help connect you. If your provider is with another patient when you call, someone will take a message for you. You might also talk to a nurse in our Nurse Advice Center. One phone number connects you to everything you need!

WHEN YOUR PCP OFFICE IS CLOSED

When you have an important health need, call us. Even if your PCP office is closed. We have a Nurse Advice Center ready to talk with you and help you decide what is best for your health. Just call the number you use for your PCP office. If you have an emergency, please go to the nearest hospital emergency room or call 911.

SEE YOUR HEALTH INFORMATION ONLINE

- Schedule appointments
- See future appointments
- Ask for medicine refills
- See visit information and education
- See your test results
- Ask questions

You can sign up for MyPinnacleHealth on our website at MyPinnacleHealth.org.

VISITING YOUR PCP

Your PCP is there for you when you are well and when you are feeling sick. This part of your packet has information that will help you get to know us. We look forward to getting to know you!

WE WORK AS A TEAM

Everyone who helps take care of you is part of your health care team, and YOU are the star! Your care team is part of something called a patient-centered medical home. It means everyone works together to know what you need and to take care of you. We also want our patients and visitors to feel safe and respected every time they see us.

The things listed below are in your packet. They explain how your PCP and you will work together for your health. Please read them and ask any questions at your first appointment. You may be asked to sign a copy of the *Code of Conduct*. It will be filed in your electronic medical record.

- Patient Centered Medical Home *(on page 13)*
- Patient Rights and Responsibilities *(on pages 15)*
- Patient and Visitor Code of Conduct *(on page 16)*

WE ARE CONNECTED

UPMC Pinnacle keeps track of your health information in a computer system. This is called an electronic health record (EHR). It is a safe way for your team to save and look at your health information. When you see your PCP, visit a specialist, or go to the hospital, your record helps your team give you the right care. It also means you don't have to worry about things like when you had a test or surgery. It will be there for your team to see. If you get health care outside of UPMC Pinnacle, let your PCP know. This will help your PCP know what you might need now or in the future.

OFFICE HOURS

Our normal business hours are from 8 a.m. until 5 p.m., Monday through Friday. We know your days can be busy! Many of our offices have early morning, evening, and weekend hours. If you see your PCP after normal business hours, an "extended hours" charge may be part of your insurance bill. Your insurance may or may not pay this charge.

YOUR APPOINTMENTS

Making an Appointment

During your visit, we will help you make your next appointment. If you need to see us before your next appointment, call the number for your PCP office. We will help you make the appointment you need. You can also use your MyPinnacleHealth account to schedule an appointment or send a message to your PCP.



Canceling an Appointment

Three (3) days before your appointment, we'll remind you.

We understand that schedules can change. If you can't make it to your appointment, please call us at least 24 hours in advance. We'll help you to reschedule. Being late a lot or not coming to appointments can put you at risk for being dismissed from our practice. Please let us know if you have a hard time getting to or keeping your appointments. We can connect you with someone who may be able to help.

Sometimes we need to ask to reschedule your appointment. It might be because the weather is bad or your PCP has a change in schedule. If this happens, we'll call you. Together we will find another day and time that works for you.

When to Arrive

For all appointments after your first one, please plan to get to your PCP office 15 minutes early. For example, if your appointment time is 10 a.m., please get to the office at 9:45 a.m. Every time you see us, we make sure your information is up to date and get you ready for your visit. Doing these things helps you see your PCP on time.

WHEN YOU NEED TO SEE A SPECIALIST

Sometimes we need extra help for our health. For example, some people see a cardiologist for their heart. If you need to see a specialist, we are here for you! Our referral team can help you make your appointment. They can also help you know if your insurance company will help pay for it. Your team will share health information with the specialist to help you get the care you need.

WHEN YOU'RE IN THE HOSPITAL

If you go to the emergency room or stay in the hospital, it is important to see your PCP after you are home. If you stay in a UPMC Pinnacle hospital, you might receive a call from someone to ask how you are feeling and to help you make an appointment. These calls and appointments help keep you healthy. They also help your health care team take care of any needs you might have.

MEDICINE REFILLS

When your medicine is refilled depends on the type of medicine you take. Below are things you can do to make sure you have the medicine you need:

- Go to all of your appointments. This helps to make sure your medicine is safe and helping your health.
- Call your pharmacy **three business days before you** need more medicine. The pharmacy will call your PCP if there are questions.
- Ask your PCP about refills during your appointments.



Calling your pharmacy before you need more medicine helps to make sure you don't run out. Sometimes we need to call your insurance company. Some medicine must be ordered. Sometimes your PCP will want to talk to you. These things can take time.

Controlled Substances

UPMC Pinnacle providers prescribe controlled substances only when they are needed. If you are using a controlled substance, your new PCP will talk with you during your first appointment. Your PCP may or may not write a new prescription for you.

Before you get a prescription, you might be asked to try treatments other than medicine. If medicine is needed, something that is not a controlled substance may be tried first.

UPMC Pinnacle uses the Prescription Drug Monitoring Program (PDMP). The Pennsylvania Department of Health tracks every controlled substance prescription with this program. It is the law to check this program every time we write a prescription for a controlled substance.

To make sure you stay healthy and safe while you take a controlled substance, your PCP might:

- Talk about your medicines. If a medicine isn't safe, you might take less of it or stop taking it.
- Ask you to sign a contract and want to see you more often.
- Require a random urine drug test before your prescription can be refilled.

TRANSFERRING YOUR RECORDS

Your new PCP will want to see your health information from health providers you have seen before. You might have seen a different PCP or a specialist. Knowing who has taken care of you and how you have been taken care of helps us to give you the right care. Having your health information sent to your new PCP is called transferring your records.

The best way to transfer your records is to call the health providers who have cared for you before. They will ask you to fill out a form that gives them permission to send us your health information. You will need to fill out one form for each provider you have seen.

YOUR INSURANCE AND YOU

IF YOU HAVE MEDICARE

If you have Medicare, you can have an annual wellness visit. It does not have a cost and is different from a yearly physical or check-up. A wellness visit is about how you're feeling and how well you can do things every day. Your PCP might also talk with you about our Chronic Care Management (CCM) program. A CCM nurse is part of your health care team and gives you that "little extra" support that can keep you feeling your best.

YOUR INSURANCE

There are many types of insurance companies. Each company offers many different types of plans to help pay for the cost of health care. If you have insurance through your job, your employer might choose some of what your plan pays for. Because there are so many companies and plans, we don't always know what your insurance will pay for.

Please talk to us if you have questions or are worried about the cost of your care. If your insurance changes, we might still be part of your care. If you don't have insurance, we can help you find insurance that's right for you.

It is important for you to know what insurance plan you have and how your plan pays for your health care. Below are questions that may help you understand how your insurance works.

Questions for your Health Provider or Pharmacy

- Why is it important for me to have this care? (e.g. test, medicine, surgery)
- What other options do I have?
- Do you know if my insurance company will pay for this?
- What questions should I ask my insurance company when I call?
- What programs might help me pay for what my insurance doesn't pay?

Questions for your Insurance Company

- Does my insurance plan pay for this care?
- What health providers or companies can I use to get this care?
- How much will I have to pay for this medicine?
- Will my cost be less if I use a different health provider or company?

If your insurance company doesn't pay for your health care, here are questions to ask:

- What can be done so my insurance will pay for my care?
- What type of care will my insurance cover for my health condition?

PAYING FOR YOUR HEALTH CARE

Most insurance companies will pay for visits to a PCP. Depending on your insurance plan, you might have to pay some of the cost for your visit. If you have a co-pay, you will pay it when you are at our office for your appointment. You can pay with cash, check, or a credit card.

If you have to pay part or all of the cost for other health care, you will get a bill. Other health care might be blood work, a test or x-ray, a hospital visit, or a surgery. If you have questions about your bill or need to make a payment plan, please call us. If you cannot pay for your health care, let us know. Our team can check to see what programs might help you pay for the care you need.

If you have questions about your bill or need to make a payment, call 877-499-3899.

INSURANCE WORDS AND PHRASES

Below are the most common insurance words and phrases. This will help you understand how your insurance company pays for your health care. It will also help you understand any bills you may get. Examples of each word or phrase are also given.

COVERAGE	PREMIUM	CO-PAY (CO-PAYMENT)
<ul style="list-style-type: none">• The types of health care an insurance plan will allow and pay for• A plan might pay for some or all of the cost of covered care	<ul style="list-style-type: none">• Money paid every month to have insurance• Some employers pay for part or all of a premium for employees	<ul style="list-style-type: none">• Money paid every time you get health care• Usually applies to things like a PCP visit, specialist visit, physical therapy, or medicine
DEDUCTIBLE	CO-INSURANCE	OUT OF POCKET MAXIMUM
<ul style="list-style-type: none">• Money paid every year before an insurance plan pays for care• Usually applies to things like the hospital, tests, x-rays, and surgeries	<ul style="list-style-type: none">• A percent of the cost. Money paid every year for health care after the deductible is met• Usually applies to things like the hospital, tests, x-rays, and surgeries	<ul style="list-style-type: none">• The most money paid every year for health care. Co-pays and medicines are usually separate from this• The amount might include the deductible

Examples:

- Justine's insurance premium is \$100 every month.
- Kalil paid a \$20 co-pay for his PCP visit.
- Molly's insurance coverage states she must try physical therapy before her plan will allow knee surgery. Her coverage allows 20 physical therapy visits every year.
- Sofia has met her \$1,000 deductible for the year.
- Brandon's co-insurance is 20%. That means his insurance pays 80 percent of a cost and he pays 20 percent. He pays this for his care until he reaches his out of pocket maximum.
- Tomas has met his out of pocket maximum of \$1,500. That means he will not pay more for the health care he gets this year. He will still pay his premium. He will also have a co-pay for medicine or PCP visits.

What is a Patient-Centered Medical Home?

A patient-centered medical home (PCMH) is sometimes called a “medical home.” This means your primary care provider (PCP) works with you and others to help keep you safe and healthy. This team is called your health care team. Your team wants you to have the best possible care when you need it.

Who is on My Health Care Team?

Everyone at UPMC Pinnacle wants you to feel your best. Caring about you is the most important job we have! That’s why you are the star of your team. The next person on your team is your PCP.

You might call your PCP your family doctor. Your PCP works in a primary care office. Everyone in the office is part of your team, too. The people in your primary care office include:

- Physicians (doctors)
- Nurses and medical assistants
- Physician assistants
- Patient service representatives
- Nurse practitioners
- Office managers

When you have special health needs, other health providers might become part of your team. They are called specialists. You might see a physical therapist, a counselor, or a dietitian. You might have a friend or family member who helps you with your health. They are also part of your team.

Your Health Care Team:

Is there for you when you are feeling well or feeling sick

Your team will help you to know about a problem before you feel something is wrong. They will also help you manage any health conditions you have. When you are sick, you will see your PCP or someone else on your team.

Is available for you 24/7

All you have to do is call your PCP’s office. Anytime, day, or night. We will connect you to people who can help.

Knows you and your health history

We want you to feel connected. That’s why we take the time to know you and those important to you. Your team keeps your health information saved in a computer system. This is called an electronic health record. It is a safe way to look at your health information and help provide the right care for you.

Helps coordinate your health care

Your team can help you to make appointments to see another health care provider. For example, a counselor or cardiologist. They will share your health information to help you get the care you need. They will see you after you are home from the ER or the hospital.

We aim to provide the right care, at the right time, and at the right place.

Your Health Care Team Will:

Learn about you

- Get to know you
- Know your health history
- Understand how you take care of yourself
- Know what other health care providers you see

Be your partner

- Talk with you about your health
- Share options for the care you need
- Give you time to ask questions
- Explain things in a way that makes sense to you
- Ask you if you are having a hard time. For example, if you feel safe or sad.
- Include people important to you in your care

Help you to take care of yourself

- Help you understand how you can stay safe and healthy
- Help you meet your goals
- Help you find information and resources

How You Can Help Your Health Care Team:

Learn about your team

- Get to know the people on your team
- Understand what your team needs to help keep you healthy

Be their partner

- Provide your health history and medicines you take, even over-the-counter ones
- Provide a list of health problems in your family
- Ask questions and share ideas
- Tell your team when you don't understand something
- Tell your team if you get care somewhere else
- Tell your team if you are having a hard time. For example, if you don't feel safe or feel sad.

Learn how to take care of yourself

- Learn what you can do to stay safe and healthy
- Learn about your health and the medicines you take
- Ask people who are important to you for help when you need it

Our commitment to evidence based care: Your health care team uses current research and equipment to help care for you. It is one of the many ways we provide the best care.

UPMC Pinnacle Primary Care Locations

We welcome people at all ages and stages of health. We know how important it is to take care of your health close to home. We are growing! To see a list of offices near you, visit [UPMCPinnacle.com/PrimaryCare](https://www.upmc.com/PrimaryCare) or call **717-231-8900**.

Walk-In and Urgent Care Clinics

When you feel sick and cannot see your PCP, our Express, Express Care, and FastCare® clinics and our Concentra and AllBetterCare urgent care centers can help you feel better fast. No appointments are needed — just walk in! A list of our locations and hours can be found at [UPMCPinnacle.com/RightCare](https://www.upmc.com/RightCare). You can also call **717-231-8900**.

Patient Rights and Responsibilities

We want you to see us as partners in your health. Working together will help you get the best results from your care. Establishing trust and open communication between patients and providers is important when it comes to providing and receiving medical care.

UPMC Pinnacle wishes to meet the needs of all our patients. To do this successfully, the following rights and responsibilities should be understood.

Your Rights As Our Patient:

- Compassionate, quality care provided by experienced, respectful professionals in a safe setting
- Access to all the treatments offered by this office
- The right to his or her own medical information
- Complete understanding about your medical information and care plan
- Agree to or refuse any treatment
- Have all personal information kept confidential
- Help in understanding the cost of care and payment options
- Be free to raise concerns, complaints, or suggestions

Your Responsibilities As Our Patient:

- Provide the latest and most complete contact information and health history
- Report changes in your health to your care providers
- Be an active member of your health care team — ask questions
- Keep appointments or call if you need to change or cancel an appointment
 - A “no show” occurs when a patient fails to notify the office with in at least two hours of a missed appointment
 - Three “no shows” in a rolling year may result in dismissal from the medical group
 - 24-hours’ notice is preferred
- Allow us 48 to 72 hours for review and processing of prescription refills
- Pay for your care in a timely manner
- Follow the rules of the practice
- Treat all the staff with respect

Patient and Visitor Code of Conduct

- **BE POLITE** to all patients and health care staff
- **RESPECT ALL PEOPLE**, their property and UPMC Pinnacle property
- **SUPERVISE** children at all times
- **KEEP QUIET** on cell phones and electronic devices so that other patients or visitors are not bothered
- **RESPECT PATIENT PRIVACY**. Federal Law requires a health system to follow strict laws to protect patient privacy. Staff can only provide health or other information to a person the patient has approved to receive it.
- **WEAR CLOTHES** including shoes, a shirt, and pants at all times. No exceptions.

The following are **PROHIBITED**:

- Possession or use of any **WEAPON**
- Possession or use of street **DRUGS** or **ALCOHOLIC BEVERAGES**
- **SWEARING, VIOLENCE**, or other disruption
- Wearing clothes that have **OFFENSIVE WORDS OR PICTURES**
- **INTERFERING** with the care of a patient
- **USING ANY FORM OF TOBACCO** inside and outside all UPMC Pinnacle properties. This includes e-cigarettes or vaping.

Patients and visitors who do not follow this Code of Conduct **WILL BE ASKED TO LEAVE** UPMC Pinnacle property. In serious situations, **THE POLICE MAY BE CALLED**. You may also be banned from UPMC Pinnacle property.

*You may be asked to sign a copy of the **CODE OF CONDUCT**. It will be filed in your electronic medical record.*

*Please complete the forms in this packet
and bring to your first appointment.*

NEW PATIENT PACKET ADDENDUM

UPMC LIFE
CHANGING
MEDICINE

Getting to Know You

We want you to feel connected to your PCP and everyone on your team. That's why we take the time to know you and those important to you. The next pages have forms with questions about you, your health, and your family's health. We ask about your health history because it helps your PCP know what you need now and what you might need in the future.

Please answer all of the questions and bring the papers with you to your first appointment. The forms you will fill out are listed below.

- **About Me**
- **My Health History**
- **My Medications**
- **HIPAA Form**
- **My Questions**

What you write on the forms is confidential. That means your information is not shared unless you give us permission or we need to by law. For example, we might share a test result with the hospital so you don't have to have the test again. Your new PCP office will give you a privacy notice. It lists who we share information with and why we share it. You can give other people permission to ask us about your health, too. Just fill out the HIPAA form in your packet and bring it to your visit.

Name: _____ DOB: _____

About Me

My legal name: _____
first middle last

My preferred name: _____ My preferred pronoun: _____

My birthday: _____ My social security number: _____
mm/dd/yyyy

My address: _____
number street

_____ city state zip code

My phone numbers:

_____ home work cell Detailed messages ok? yes no
_____ home work cell Detailed messages ok? yes no
_____ home work cell Detailed messages ok? yes no

My emergency contacts:

_____ name relationship phone number
_____ name relationship phone number

MY INSURANCE INFORMATION

My primary insurance company name: _____

Policy number: _____ Group number: _____

Policyholder name: _____ Relationship to you: _____

Claims address: _____

My secondary insurance company name: _____

Policy number: _____ Group number: _____

Policyholder name: _____ Relationship to you: _____

Claims address: _____

Name: _____ DOB: _____

How I Identify Myself

My legal gender: Male Female (UPMC Pinnacle must send insurance bills using your legal gender)

I am: Divorced Legally Separated Married Significant Other
 Single Widowed Other

My ethnicity: Hispanic, Latino, or Spanish Not Hispanic, Latino, or Spanish
 Decline to answer

My current work status: Disabled Full-time Not Employed On Active Military Duty
 Part-time Retired Self Employed
 Student Full-time Student Part-time

Where I work/go to school: _____

What I do for work/school: _____

What I do for fun (hobbies): _____

I need an interpreter: Yes No

My preferred spoken language: _____

My preferred written language: _____

My faith/spiritual health needs: _____

My race (choose all that describe you):

American Indian/Alaska Native Asian Black or African American
 Native Hawaiian/Other Pacific Islander White/Caucasian Other:
 Decline to answer

My assigned sex at birth (on my original birth certificate): Male Female

My current gender identity: Male Female Transgender Something else:

My sexual orientation: Heterosexual (straight) Gay Lesbian Bisexual
 Something else: _____

Name: _____ DOB: _____

Health Care Providers I Have Seen In The Past

Provider name: _____

Practice name: _____

Date last seen: _____ Reason seen: _____

Provider name: _____

Practice name: _____

Date last seen: _____ Reason seen: _____

Provider name: _____

Practice name: _____

Date last seen: _____ Reason seen: _____

Provider name: _____

Practice name: _____

Date last seen: _____ Reason seen: _____

MY HOSPITAL STAYS

Please write down any time you have been in the hospital for one night or longer.

Reason for hospital stay	Year	Reason for hospital stay	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name: _____ DOB: _____

My Medical History

If you have a health problem below now or had it before, write the year the problem started.

Condition	Year	Condition	Year	Condition	Year
Abnormal PAP smear		Eczema		Obesity	
ADD/ADHD		Failure to thrive		Otitis media (<i>recurrent</i>)	
Allergic rhinitis		GERD (<i>reflux/heartburn</i>)		Pneumonia	
Allergies		Headache		Scoliosis	
Anemia		Hearing loss		Seizures	
Anxiety disorder		Heart murmur		Sickle cell anemia	
Arthritis		HIV/AIDS		Strep throat (<i>recurrent</i>)	
Asthma		Inflammatory bowel disease		Substance abuse	
Cancer		Jaundice		Tuberculosis	
Clotting disorder		Kidney disease		UTI (<i>urinary tract infection</i>)	
Depression		Lead poisoning		Varicella (<i>chicken pox</i>)	
Diabetes mellitus		Meningitis		Vision problems	
Eating disorder				Other:	
				Other:	

Name: _____ DOB: _____

MY SURGERY HISTORY:

If you have had a surgery below, write the year of the surgery

Surgery	Year	Surgery	Year	Surgery	Year
Adenoidectomy (adenoids)		Eye surgery		Lymph node biopsy	
Appendectomy (appendix)		Fracture surgery		Mastectomy	
Brain surgery		Gastrostomy		Small intestine surgery	
Breast surgery		Heart surgery		Spine surgery	
CABG (open heart surgery)		Hernia repair		Tubal ligation	
Cholecystectomy		Hysterectomy		Umbilical hernia repair	
Colon surgery		Inguinal hernia repair		Valve replacement	
Cosmetic surgery		Joint replacement		VP shunt	
Cesarean section				Other:	
				Other:	

Name: _____ DOB: _____

MY FAMILY HISTORY:

Put an "X" in the box if someone in your family has ever had a health problem below.

Family Member	Alcohol abuse	Arthritis	Asthma	Birth defects	Cancer	COPD	Depression	Diabetes	Drug abuse	Early death	Hearing loss	Heart disease	High cholesterol	Hypertension (high blood pressure)	Kidney disease	Learning disabilities	Mental illnesses	Mental retardation	Miscarriages/stillbirth	Stroke	Vision loss	
Mother																						
Father																						
Sister																						
Brother																						
Daughter																						
Son																						
Mom's sister																						
Mom's brother																						
Dad's sister																						
Dad's brother																						
Mom's mom																						
Mom's dad																						
Dad's mom																						
Dad's dad																						
Other:																						
Other:																						
Other:																						
Other:																						
Other:																						

- Adopted
- Family history unknown

Name: _____ DOB: _____

MY TOBACCO USE:

- Never Smoker
- Passive Smoke Exposure (Second Hand Smoke; Never Smoker)
- Former Smoker
 - Start date: _____
 - Packs per day: _____ (estimate)
 - Quit date: _____
- Current Every Day Smoker
 - Start date: _____
 - Packs per day: _____
- I use tobacco and I want to quit
- I use tobacco and I do not want to quit

Type of tobacco I use(d):

- cigarettes cigars pipe smokeless (chew/snuff)
- other:

My alcohol use:

- I drink alcohol I do not drink alcohol

How much alcohol I drink:

- _____ glasses of wine per week
- _____ cans of beer per week
- _____ shots of liquor per week
- _____ standard drinks or equivalent per week

My illegal drug use:

- I use drugs and I want to quit
- I use drugs and I do not want to quit
- I quit using drugs
- I have never used drugs or tried them once or twice
- I have never used drugs

What illegal drugs I use(d): _____

How much I use(d):

- pills injections times
- Every: day week

When I started/quit:

Year I started: _____ Year I quit: _____

Name: _____ DOB: _____

MY SEXUAL HISTORY

My current sex partners: I have never had a sex partner I have had one or more sex partners
 I don't have a partner I have one partner I have many partners

My partners are/were: men women both men and women

My birth control/protection: abstinence pulling out (coitus interruptus) condom male
 condom female diaphragm emergency contraceptive implant
 injection inserts IUD the pill (oral contraceptive: OCP)
 patch post-menopausal rhythm method spermicide
 sponge surgical vasectomy/tubes tied ring none
 something else:

OTHER THINGS ABOUT ME:

I live with (choose all that apply): I live alone Spouse/significant other Child/children
 Friends/family Parents Someone else:

Over the last two weeks how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things: Not at all Several days More than half the days Nearly every day

Feeling down, depressed, or hopeless: Not at all Several days More than half the days Nearly every day

My exercise: I follow exercise recommendations:
 Yes No
My exercise is limited by:
 Physical limitations
 Pain or discomfort
 No limitations
 Other:

I believe my physical activity level is:
 Sedentary or inactive
 Adequate
 Moderate
 Vigorous or very active

What I do for exercise: _____
(describe)

Name: _____ DOB: _____

MY DIET

- I do not have a specific diet
- Diabetic diet Cardiac Gluten free High fiber Lactose free

- Low carb Low fat Mechanical soft PKU-phenylketonuria diet
- Puree Renal Vegan Vegetarian

- Something else:

My caffeine use:

- I do eat/drink things with caffeine I don't eat/drink things with caffeine

Things I eat/drink with caffeine: _____

How much I eat/drink them: _____

About me:

I have trouble hearing. Yes No

I wear hearing aids. Yes No

I am blind or have trouble seeing. Yes No

I wear glasses and/or contacts. Yes No

I have a health condition that makes it hard for me to concentrate, remember, or make decisions. Yes No

I sometimes have trouble paying for the care I need. Yes No

MY HEALTH WISHES

- Health wishes:
- I agree to discuss end of life wishes with my health care provider
 - I do not agree to discuss end of life wishes with my health care provider

- I already have health wishes in writing:
- I have an advanced directive / living will
 - Durable medical power of attorney
 - Durable financial power of attorney
 - Health care proxy
 - POLST (Physician Order for Life-Sustaining Treatment)
 - Something else:

Please bring a copy of any health wishes you have in writing. We will put them in your medical record. If you want your wishes in writing, ask us for information during your visit.

Name: _____ DOB: _____

MY VACCINES AND SHOTS

Tetanus (Tdap)	Date: _____	Shingles vaccine	Date: _____
Tetanus (Td)	Date: _____	Hepatitis A	Date: _____
Pneumonia (Pnevnar 13)	Date: _____	Hepatitis B	Date: _____
Pneumonia (Pneumovax)	Date: _____	Other: _____	Date: _____
Flu shot	Date: _____	Other: _____	Date: _____

MY EXAMS AND TESTS

Exam or test	Date	Result		
Yearly physical	_____	<input type="checkbox"/> Normal	<input type="checkbox"/> Not normal	<input type="checkbox"/> Not sure
Eye exam	_____	<input type="checkbox"/> Normal	<input type="checkbox"/> Not normal	<input type="checkbox"/> Not sure
Hearing test	_____	<input type="checkbox"/> Normal	<input type="checkbox"/> Not normal	<input type="checkbox"/> Not sure
Dental visit	_____	<input type="checkbox"/> Normal	<input type="checkbox"/> Not normal	<input type="checkbox"/> Not sure
Cholesterol check	_____	<input type="checkbox"/> Normal	<input type="checkbox"/> Not normal	<input type="checkbox"/> Not sure
Blood sugar check	_____	<input type="checkbox"/> Normal	<input type="checkbox"/> Not normal	<input type="checkbox"/> Not sure
Colonoscopy or stool test	_____	<input type="checkbox"/> Normal	<input type="checkbox"/> Not normal	<input type="checkbox"/> Not sure
Hepatitis C screening (blood)	_____	<input type="checkbox"/> Normal	<input type="checkbox"/> Not normal	<input type="checkbox"/> Not sure
Prostate exam	_____	<input type="checkbox"/> Normal	<input type="checkbox"/> Not normal	<input type="checkbox"/> Not sure
Pap smear	_____	<input type="checkbox"/> Normal	<input type="checkbox"/> Not normal	<input type="checkbox"/> Not sure
Mammogram	_____	<input type="checkbox"/> Normal	<input type="checkbox"/> Not normal	<input type="checkbox"/> Not sure
DEXA scan (bone density)	_____	<input type="checkbox"/> Normal	<input type="checkbox"/> Not normal	<input type="checkbox"/> Not sure
Other:	_____	<input type="checkbox"/> Normal	<input type="checkbox"/> Not normal	<input type="checkbox"/> Not sure
Other:	_____	<input type="checkbox"/> Normal	<input type="checkbox"/> Not normal	<input type="checkbox"/> Not sure
Other:	_____	<input type="checkbox"/> Normal	<input type="checkbox"/> Not normal	<input type="checkbox"/> Not sure

What should we know about your health?

Name: _____ DOB: _____

My Questions

During your visit, you might have questions. Please ask them! We want to help you know as much as you want to know about your health.

Write any questions you have below and bring this paper to your visit.

QUESTIONS ABOUT MY HEALTH

1. _____
2. _____
3. _____

QUESTIONS ABOUT MY MEDICINE

1. _____
2. _____
3. _____

OTHER QUESTIONS I HAVE

1. _____
2. _____
3. _____

MY NOTES
