



Patient Name: _____ Date of Birth: _____

BMI Screening: When your Height and Weight are entered into our Electronic Health Record, your Body Mass Index (BMI) is calculated automatically. If your BMI is considered above or below normal, we are required to give you information pertaining to a healthy lifestyle of diet and/or exercise. Please visit the Center for Disease Control's website for more information. http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html

Pneumonia Vaccination Status: If you are 65 years of age or older, it is recommended that you get a Pneumococcal vaccination.

Have you had a Pneumonia Vaccination? Yes No N/A Approximate date of your last vaccination? _____

If no, please talk with your Primary Care Physician about getting one. For more information on the Pneumococcal vaccine please feel free to visit the Center for Disease Control's website at <http://www.cdc.gov/VACCINES/vpd-vac/pneumo/default.htm>

Breast Cancer Screening: If you are a female 40-69 years of age, it is recommended that you get regular screenings for breast cancer. Although it is not necessarily related to your visit at our office, we are being required to ask if you have had your screening tests.

Have you had a mammogram? Yes No N/A Approximate date of your last mammogram? _____

If no, please talk to your Primary Care Physician or Gynecologist about ordering a mammogram. For more information on mammograms please visit the American Cancer Society's website at www.cancer.org

Colorectal Cancer Screening: If you are 50-75 years of age, it is recommended that you get regular screenings for colorectal cancer. Although it is not necessarily related to your visit at our office, we are being required to ask if you have had your screening test(s).

Have you had a colonoscopy? Yes No N/A Approximate date of your last colonoscopy? _____

If no, please talk to your Primary Care Physician about ordering a colonoscopy. For more information on colonoscopies please visit the American Cancer Society's website at www.cancer.org

Tobacco Use: If you are 18 years old or older: Have you EVER used any type of tobacco product (including smokeless products)?

Please circle: **Never** **Current** **Former**

If **NEVER**, you are finished.

If **CURRENT** or **FORMER**, please answer the following questions to the best of your abilities:

1. Type of tobacco used: _____
2. How much per day: _____
3. Approximate age started: _____
4. Have you ever tried to stop? _____ If yes, approximate age: _____
5. What method did you use to try to stop (if applicable): _____
6. Approximate age stopped successfully (if applicable): _____

Please visit the Center for Disease Control's website for additional information on Tobacco cessation. <http://www.cdc.gov/tobacco>