

PATIENT PRE-APPOINTMENT QUESTIONNAIRE – 65 & over

NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

1. What is your purpose for coming in today? \_\_\_\_\_

2. Are you experiencing any of the following symptoms? :

**Constitutional symptoms:** fever, weight loss, extreme fatigue

**Cardiovascular:** chest pain, palpitations

**Respiratory:** cough, wheezing, shortness of breath

**Gastrointestinal:** nausea, vomiting, abdominal pain, constipation, diarrhea, blood in stools

**Genitourinary:** irregular menses, vaginal bleeding after menopause, frequent or painful urination, bloody urine, impotence

**Musculoskeletal:** joint pain, muscle weakness

3. Has anything new come up in your family history? Yes/ No (list) \_\_\_\_\_

4. Have you developed any new drug allergies? Yes/ No (list) \_\_\_\_\_

5. Do you feel safe in your current home environment? Yes/ No

6. Are you sexually active? Yes/ No Are your partners Men/Women/Both?

8. Do you smoke cigarettes, vape, recreational drugs, other: \_\_\_\_\_ ?

9. List all current medical providers that you see: \_\_\_\_\_

1. Have you ever felt that you ought to cut down on your drinking? Yes/No

2. Have people annoyed you by criticizing your drinking or drug use? Yes/No

3. Have you ever felt bad or guilty about your drinking or drug use? Yes/No

4. Have you ever had a drink or used drugs first thing in the morning? Yes/No  
To steady your nerves or to get rid of a hangover?

Can you get places out of walking distance without help? For example, can you travel alone by bus, taxi, or drive your own car? Yes/ No

Can you shop for groceries or clothes without help? Yes/ No

Can you prepare your own meals? Yes/ No

Can you do your own housework without help? Yes/ No

Can you handle your own money without help? Yes/ No

Do you need help eating, bathing, dressing, or getting around your home? Yes/ No

Over the last 2 weeks, how often have you been bothered by any of the following problems?

Give answers 0-3, using scale:

0 = Not at all; 1 = Several days; 2 = More than half the days; 3 = Nearly every day

1. Little interest or pleasure in doing things? \_\_\_\_

2. Feeling down, depressed or hopeless? \_\_\_\_

Provider: \_\_\_\_\_