FLAGLER MEDICAL ASSOCIATES

NAME:_____ **DATE:**_____

- WHEN WAS YOUR LAST COLONOSCOPY AND WHO PERFORMED IT?
- HAVE YOU FALLEN IN THE LAST YEAR?
- DO YOU HAVE A LIVING WILL?
- DO YOU SMOKE? IF YES, HOW MUCH?
- ARE YOU ON BLOOD PRESSURE MEDICATIONS?
- HAVE YOU HAD FLU OR PNEUMONIA VACCINES?
- DO YOU HAVE PERSONAL HISTORY OF HEART DISEASE?
- WHEN WAS YOUR LAST EYE EXAMINATION AND WHO PERFORMED IT?
- DO YOU HAVE LOW BACK PAIN?
- FEMALE PATIENTS: WHEN WAS YOUR LAST MAMMOGRAM AND BONE DENSITY?

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PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

Name: _____ **Date:** _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Use "x" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
	0	1	2	3
1) Little interest or pleasure in doing things	☐	☐	☐	☐
2) Feeling down, depressed, or hopeless	☐	☐	☐	☐
3) Trouble falling or staying asleep, or sleeping too much	☐	☐	☐	☐
4) Feeling tired or having little energy	☐	☐	☐	☐
5) Poor appetite or overeating	☐	☐	☐	☐
6) Feeling bad about yourself or that you are a failure, or have let yourself or your family down	☐	☐	☐	☐
7) Trouble concentrating on things, such as reading the newspaper or watching television	☐	☐	☐	☐
8) Moving or speaking so slowly that other people could have noticed; or the opposite, being so fidgety or restless that you have been moving around a lot more than usual	☐	☐	☐	☐
9) Thoughts that you would be better off dead or of hurting yourself in some way	☐	☐	☐	☐

Total score: ☐

Interpretation

☐ Minimal Depression
☐ Mild Depression
☐ Moderate Depression
☐ Moderately Severe Depression
☐ Severe Depression

Interpretation of Total Score for Depression Severity

- 1-4 Minimal Depression
- 5-9 Mild Depression
- 10-14 Moderate Depression
- 15-19 Moderately Severe Depression
- 20-27 Severe Depression

NAME: _____

DATE: _____

Please list names and specialties of doctors seen recently.

Por favor escribe los nombres y especialidades de los medicos visto recientemente.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____