

Adult Health Screening Form



COLUMBIA GORGE
FAMILY MEDICINE

Date: _____ **Birthdate:** _____
(mm/dd/yyyy) (mm/dd/yyyy)

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Hood River, OR 97031

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Patient Name: _____
(last name, first name, middle initial)

NOTE: We request that you update this form at least once per year. If you have already done so, check here:

Family Planning

- Tubal Would you and your partner wish to become pregnant this year? No Yes Unsure
- Vasectomy If you answered "No", what are you using to prevent pregnancy (check one)? Nothing
- Hysterectomy Withdrawal Condoms Spermicide Implant Emergency pill
- Postmenopausal Birthcontrol Pills Patch Depo-Provera Nuva ring IUD Not applicable

Access to Food




- In the last 12 months, did you and the people you live with worry that you would run out of food before you were able to get more? No Yes
- In the last 12 months, did you and the people you live with run out of food before you were able to get more? No Yes

Tobacco Use

- Do you currently smoke tobacco cigarettes or cigars? No Yes
- If so, how much tobacco do you smoke per week? _____
- Do you use any other tobacco products including chew or e-cigarettes? No Yes
- If so, how much tobacco do you consume per week? _____

Alcohol Consumption

- MEN:** How many times in the past year have you had 5 or more drinks in a day? None 1 or more
- WOMEN:** How many times in the past year have you had 4 or more drinks in a day? None 1 or more

Alcohol: One drink =  12 oz. beer  5 oz. wine  1.5 oz. liquor (one shot)

Recreational Drugs

- How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons? None 1 or more

Note: Recreational drugs include methamphetamines (speed, crystal), cannabis (marijuana), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin).

Mood

- During the past two weeks, have you been bothered by little interest or pleasure in doing things? No Yes
- During the past two weeks, have you been bothered by feeling down, depressed or hopeless? No Yes

Caffeine Use

- Do you consume caffeine in coffee, tea, energy drinks, etc.? No Yes
- If so, how much caffeine do you consume in a typical day? _____