

Screening Questionnaire

Junction Naturopathic Medicine

Name:		Birthdate:		Date:
<i>Screening Lab & Exams: Please indicate the date of your last lab test/exam and whether it was normal. Skip sections that do not apply to your age or health status.</i>				Doctor's use only below
Lab Tests/Exams		Result	Date	Dr. Comments
Weight	Current weight?	_____ pounds		BMI > 25 overweight, > 30 obese, > 40 morbidly obese
	Current height?	____ feet ____ inches		
	Lowest adult weight?	_____ pounds		
	Highest adult weight?	_____ pounds		
CVD Risk	Cholesterol test?	Normal Abnormal		Every 5yrs for M>35y/o , F>45y/o
	Previous heart attack or stroke?	Yes No		Framingham Risk
	Gestational diabetes?	Yes No		
	HbA1c test?	Normal Abnormal		
	Average fasting blood sugar?	Normal Abnormal		
	Eye exam?	Normal Abnormal		
Colon	Colonoscopy?	Normal Abnormal		Every 10 yrs > 50 y/o
	Hemoccult test for blood in stool?	Normal Abnormal		Yearly > 50 y/o
Women	Pelvic/Pap test?	Normal Abnormal		Every 1-3 yrs
	Mammogram?	Normal Abnormal		Every 1-2 yrs > 40y/o
	STI Screening (GC or Chlamydia)?	Normal Abnormal		High risk < 25y/o
Men	Prostate Specific Antigen (PSA) Test?	Normal Abnormal		
	Digital Rectal Exam?	Normal Abnormal		
	STI Screening (GC or Chlamydia)?	Normal Abnormal		
Additional	HIV Status?	Positive Negative unknown		Offer test if u/k status
	Eye Exam?	Normal Abnormal		
	Dental Exam?	Normal Abnormal		
	Dermatology Exam?	Normal Abnormal		
	DEXA/Osteoporosis?	Normal Abnormal		
<i>In the past 2 weeks, have you experienced the following:</i>				
Depression (PHQ-2)	Little interest or pleasure in doing things?		Yes No	
	Feeling down, depressed or hopeless?		Yes No	
Alcohol/Drug Use (CAGE)	Do you drink alcohol?		Yes No	
	If yes, what kind?			
	How many drinks per week?		_____ drinks per week	
	Are you concerned about the amount you drink?		Yes No	
	Do people annoy you by criticizing your use?		Yes No	
	Have you felt bad/guilty about your use?		Yes No	
	Do you use recreational drugs?		Yes No	
Tobacco	Do you use tobacco?		Yes No	
	How many cigarettes do you smoke per day?		_____ #cigs per day	
	How many years have you smoked?		_____ # years smoked	
	Are you interested in quitting? OR What year did you quit?		Yes/No _____ year	