TODAY'S DATE: ____________

Patient Visit Sheet

Please complete before your visit and keep to give to your provider

Name ____ **Date of Birth** ___________________

AgeWell Screening: Yes ______ No______

1) What would you like to discuss with the doctor today?

- ____
- ____
- ____

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

	Not at All	Several Days	More than Half the Days	Nearly every day
1) Little interest or pleasure in doing things	o	o	o	o
2) Feeling down, depressed, or hopeless	o	o	o	o

3) Do you need medication refills today? ____ Yes ____ No

4) Have you been in the hospital or emergency room since your last visit? ____ Yes ____ No

If Yes, explain and list dates ____

____

5) SHHC offers routine HIV screening to all patients age 18 and over. The tests don't require a blood sample and you will have your results during your visit. Would you like to receive a free and confidential test today?

____ Yes ____ No ____ I would like more information

6) Do you smoke or use other tobacco products? ____ Yes ____ No

7) When was the last time you had more than 4 drinks in one day? _____

8) How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons? ______

Patient Visit Sheet

(To be completed by SHHC Staff)

The following are to be done **before** you leave the office today:

_____ Blood work ☐ Complete

_____ Immunizations ☐ Complete

_____ Procedures (specify) ____ ☐ Complete

_____ See Nurse: □ Maria □ Nataliya Reason ______________________________ ☐ Complete

_____ See Case Manager (Katie) Reason ____________________ ☐ Complete

_____ See Billing Liaison (Tamme) □ Sliding Scale Application

_____ Check Out & Schedule follow-up appointments: ☐ Complete

✔	Provider	Timeframe	Notes
	PCP		
	Six Month Diabetes Recall		
	Psychiatrist		
	LCSW		
	OB/GYN		
	Blood work (Fasting? □Yes □No)		
	Immunizations		
	Ophthalmologist		
	Dentist		
	Other:		

_____ Sign for release of records from 1. ______________________________
2. ______________________________
3. ______________________________

Source: Squirrel Hill Health Center. Pittsburgh, PA. 2011.