

Patient Name:

Reason For Today's Visit:

Current Medication List:

Have you received a flu shot this year?

Yes No

If yes, when and where?

Do you smoke?

Yes No

Former Smoker

Vape

Depression Questionnaire:

1. During the past month, have you been bothered by feeling down, depressed or hopeless?

Yes No

2. During the past month, have you been bothered by little interest or pleasure in doing things?

Yes No

Social Determinants

Social and economic issues can impact your health. Because of this, we are interested in knowing whether you have any concerns that might need to be addressed by helping with these concerns. Please answer the following questions so that we can understand how we can best help you address your medical records

1. What is your housing situation today?

- I do not have housing (I am staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a care, abandoned building, bus or train station, or in the park)
- I have housing today, but I am worried about losing housing in the future
- I have housing

2. Think about the place you live. Do you have any problems with any of the following? (check all that apply)

- Bug infestation
- Mold
- Lead paint or pipes
- Inadequate heat
- Oven or stove not working
- No or not working smoke detectors
- Water leaks
- None of the above

3. Within the past 12 months, you worried that your food would run out before you got money to buy more.

- Often true
- Sometimes true
- Never true

4. Within the past 12 months, the food you bought didn't last you and you didn't have money to get more.

- Often true
- Sometimes true
- Never true

5. In the past 12 months, has lack of transportation kept you from medical appointments, meetings, work or from getting things needed for daily living? (check all that apply)

- Yes, it kept me from medical appointments or getting medications
- Yes, it kept me from non-medical meetings, appointments, work, or getting things that I needed
- No

6. In the past 12 months has the electric gas, oil, or water company threatened to shut off services in your home?

- Yes
- No
- Already shut off

7. How often does anyone, including family, physically hurt you?

- Never
- Rarely
- Sometimes
- Fairly often
- Frequently

8. How often does anyone, including family, insult or talk down to you?

- Never
- Rarely
- Sometimes
- Fairly often
- Frequently

9. How often does anyone, including family, threaten you with harm?

- Never
- Rarely
- Sometimes
- Fairly often
- Frequently

10. How often does anyone, including family, scream or curse at you?

- Never
- Rarely
- Sometimes
- Fairly often
- Frequently

11. Do you need any help?

- Yes
- No

ANXIETY QUESTIONNAIRE

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

(Please circle the number)

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Worrying too much about different things	0	1	2	3
Trouble relaxing	0	1	2	3
Being so restless that it is hard to sit still	0	1	2	3
Becoming easily annoyed or irritable	0	1	2	3
Feeling afraid as if something awful might happen	0	1	2	3

Total: _____

