VANDERBILT FACULTY/STAFF CLINIC INTAKE FORM

Date: _____ Name: _____ DOB: _____

Please answer these questions so that we may serve you better

Febrile Traveler Screening

1. Do you have a recent history (within 24 hours) of fever that is greater than or equal to 100.4 degrees?

☐ No
☐ Yes

Do you have a recent (within 24 hours) history of respiratory illness symptoms (e.g. cough or shortness of breath)?

☐ No
☐ Yes – Place a surgical mask on the patient.

Have you traveled or been in close contact with someone who has travelled outside of North America or South America within the past four weeks?

☐ No
☐ Yes – Please put on surgical mask and notify the Occupational Health staff immediately.

2. Are you having pain today? (mark one)

◯ No
◯ I have pain, but it is being treated to my satisfaction
◯ Yes (please circle the number below that shows your level of pain)

3. Do you have questions for your healthcare provider about…

Your medicines?	◯ Yes	◯ No
Your treatment or procedure?	◯ Yes	◯ No
Your eating habits, diet or trouble eating?	◯ Yes	◯ No

4. Have you gained or lost 10 pounds or more in the last 6 months without knowing why? ◯ Yes ◯ No

5. Are you having problems with walking, feeding yourself, bathing, dressing or other daily activities that you would like to talk about today? ◯ Yes ◯ No

6. Does anyone neglect, hurt or threaten you? ◯ Yes ◯ No

7. What is your history of tobacco use?

◯ Never used ◯ I quit using tobacco in _____(year) ◯ I smoke __ packs per day
◯ I use smokeless tobacco

We try to provide the best care we can to every person we serve. To help us do this, we ask all our patients for their race and ethnicity. We understand that some patients may not feel comfortable sharing such information. For this reason, we keep the information private. We only use it to improve the care we give. While sharing this information can help us improve our care, you do not have to answer if you don't want to. We will still give you the best care we can. <u>You only need to answer this question once.</u>

8. Please indicate if you are Hispanic/Latino ◯ Yes ◯ No ◯ Decline to answer

9. Please indicate your race.

◯ Alaskan/Indian ◯ Asian ◯ Black ◯ Pacific Islander ◯ White ◯ Decline to answer

Please complete the back side also

10. How many times a week do you exercise enough to sweat, for 30 minutes or more?
◯ 5 days or more ◯ 3 to 4 days ◯ 1 to 2 days ◯ No regular exercise

11. During the past 2 weeks, have you often been bothered by (check all that apply)
◯ Little interest or pleasure in doing things ◯ Feeling down, depressed or hopeless ◯Neither

12. Which of the following do you consume daily? (check all that apply)
◯ 5 or more servings of fruits/vegetables ◯ Whole grains ◯ Non-diet soft drinks ◯ Fried foods

13. Regarding your weight, which of the following applies?
◯ I'm satisfied with my current weight ◯ I would like help managing my weight ◯ Not interested in help today

14. Reason for visit: (Please describe in as much detail as possible)
Please list all of the symptoms you are having: _____
_____
_____
When did your symptoms start? _____
Have you received any treatment for these symptoms? ☐ YES ☐ NO
If yes, who provided the treatment? _____

15. Are you on any medication? ☐ YES ☐ NO ☐ See eStar for Medication list

If **YES**, please list your medications and dosages. Include over the counter medications.
_____
_____

16. Do you have any allergies? ☐ YES ☐NO If yes, please list below

Drugs: _____ Reaction: _____

Food: _____Reaction: _____

Other: _____ Reaction: _____

17. Please list all medical conditions that you have:
_____
_____

18. Would you like a copy of your After Visit Summary today? ☐ NO ☐ Electronic Copy (MHAV) ☐ PRINTED

19. For women (if applicable): When was the first day of your last menstrual period? ____/_____/_____
Are any of the following applicable to you?

☐ Pregnant ☐ Breastfeeding ☐ Menopause ☐ Hysterectomy

Thank you for taking the time to complete this information. We will be with you as soon as possible. Our goal is to provide excellent service at every visit. Please let us know if there is anything we can do to make your visit better today.