MARCOS MACHADO M.D., P.C.
FAMILY PRACTICE PHYSICIAN

Patient Information Update Form

Name:___________________________________

Best Phone#____________________

1. We're glad you came in today for a wellness visit. Sometimes this visit is called a "Physical".

This is a visit to:

- Make sure you are up to date with **screening** tests
- Make sure you are up to date on **preventative** guidance

If you have no other concerns, insurances cover this without a copay. Note: Most insurers will not cover doing preventative care and non-preventative care on the same day. **If you have multiple/serious concerns**, please stop here and inform the staff that you wish to have those addressed and postpone the wellness visit.

2. Social History (please circle, fill in, and √ your responses)

__ I have never used tobacco - or - __ I used to use tobacco but quit in _____ (which year?). – or -

__ I currently use tobacco: dip / vape / smoke ___ cigarette / packs per day and have for ___ years

__ I do not drink alcohol – or - __ I drink ___ drinks every [day / week / month / socially.] Usually [beer / wine / liquor].

- Ever felt you ought to cut down on your drinking? __Yes __ No
- Have people annoyed you by criticizing your drinking? __Yes __ No
- Ever felt bad or guilty about your drinking? __Yes __ No
- Ever had an eye-opener to steady your nerves in the morning? __Yes __ No

__ I do not use illicit drugs or __ Drugs I currently use _____________________. Drugs I used to use __________.

I am [working / unemployed / retired / stay at home]. My current or previous employment: ______________________

I am [single / married / widowed / living with significant other]. __ I have been or was married for ___ years.

I live in a [house / apartment / mobile home] with (circle): spouse, __children, mother, father, __ siblings, ___ pets

__ I do not exercise – or - __ I do exercise __ times a week for ___ minutes. My exercise is:_____________________

3. In the last 2 weeks have you felt down, depressed or hopeless? __No ___Yes

4. In the last 2 weeks have you had little interest or pleasure in doing things? __No ___Yes

5. Anything new in your **medical or surgical history?** __No __Yes (please list) _____________________

6. Anything new in your **family history?** __No __Yes (please list) __________________________________

7. Do you feel **safe** at home**?** ___No___Yes

8. Women: when was your **last menstrual period?** _____________

9. Do you have an **Advance Directive**? (A document that says who would make decisions for you if you were unable to make them) __ Yes(make sure we have a copy) __No-> Would you be interested in this? __Yes __ No

P M DM Cs CT 7 18 Lip T A1c Um HCV P C T Pn Z F H

Patient Information Update Form

Name:___________________________________

FOBT ____ lungCT ____ lung CT- 50-80, 20pk-yr, quit <15 yr ago

Pap Cgrd Pap q 3 yr if neg, q5 if HPV neg

__->__ DMeye __->__

Mam ____ Cscp Mam q2yr, if Fam Hx q1 yr

____ __->__

P M DM Cs CT 7 18 Lip T A1c Um HCV P C T Pn Z F H