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| 2022 Patient Intake Form  Patient Number: | | | | | | | | | | | |
| Visit Date: |  | Provider: | |  | | | | | | | |
| **Patient Information** | | | | | | | | | | | |
| Last Name: |  | First Name: | | |  | DOB: | | |  | | |
| **Vaccination Status** | | | | | | | | | | | |
| Have you received an influenza vaccination this Flu season? August 1, 2021 - March 31, 2022 | | | 🞏 Yes, Approx Date: \_\_\_\_\_\_\_\_ | | | | | 🞏 Declined | | 🞏 Allergies | |
| **Patients aged 66 years and older**: Have you received pneumococcal vaccination on or after your 60th birthday? | | | | | | | 🞏 Yes, Approx Date: \_\_\_\_\_\_\_\_ | | | | |
| **Tobacco Status** | | | | | | | | | | | |
| Current tobacco user? (any type) | | | | | | | | 🞏 Yes 🞏 No | | | |
| **Staff Use Only**: If yes, was tobacco cessation intervention or education performed? | | | | | | | | 🞏 Yes 🞏 No | | | |
| **Colorectal Cancer Screening:** **Patients aged 50 to 75 years** | | | | | | | | | | | |
| Do you have a history of a total colectomy or colorectal cancer?  *If yes, please proceed to the next section* | | | | | | | | 🞏 Yes 🞏 No Provider/Facility:\_\_\_\_\_\_\_\_\_ | | | |
| Have you had a Colonoscopy this year or in the nine years prior (2013 – 2022)? | | | | | | | | 🞏 Yes 🞏 No Provider/Facility:\_\_\_\_\_\_\_\_\_ | | | |
| Have you had a FIT-DNA this year or in the past two years (2020 - 2022)? | | | | | | | | 🞏 Yes 🞏 No Provider/Facility:\_\_\_\_\_\_\_\_\_ | | | |
| Have you had a Fecal occult blood test (FOBT) this year (2022)? | | | | | | | | 🞏 Yes 🞏 No Provider/Facility:\_\_\_\_\_\_\_\_\_ | | | |
| Have you had a Flexible sigmoidoscopy this year or in the last four years (2018 – 2022)? | | | | | | | | 🞏 Yes 🞏 No Provider/Facility:\_\_\_\_\_\_\_\_\_ | | | |
| Have you had a CT Colonography this year or in the past four years (2018 – 2022)? | | | | | | | | 🞏 Yes 🞏 No Provider/Facility:\_\_\_\_\_\_\_\_\_ | | | |
| **Falls: Plan of Care: aged 65 and Older** | | | | | | | | | | | |
| Have you had a fall or recurrent falls in the past year? | | | | | | | | 🞏 Yes 🞏 No | | | |
| **Female Patients aged 21 – 64: Cervical CA Screening** | | | | | | | | | | |
| Have you had a hysterectomy with no residual cervix or a congenital absence of cervix? *If yes, please proceed to the next section* | | | | | | | 🞏 Yes 🞏 No | | | |
| Women aged 21-64: Have you had PAP Smear performed within the last 3 years? | | | | | | | 🞏 Yes 🞏 No Provider/Facility:\_\_\_\_\_\_\_\_\_ | | | |
| Women aged 30-64: Have you had cervical human papillomavirus (HPV) testing performed within the last 5 years? | | | | | | | 🞏 Yes 🞏 No Provider/Facility:\_\_\_\_\_\_\_\_\_ | | | |
| **Female Patients aged 51 – 74: Breast CA Screening** | | | | | | | | | | |
| Have you had a bilateral mastectomy? *If yes, please proceed to the next section* | | | | | | | 🞏 Yes 🞏 No | | | |
| Have you had a Mammogram after October 31st, 2020? | | | | | | | 🞏 Yes 🞏 No Provider/Facility:\_\_\_\_\_\_\_\_\_ | | | |
| **Diabetic Patients Only aged 18 – 75** | | | | | | | | | | |
| **Diabetic Eye Exam:**  Have you had a diabetic retinal or dilated eye exam by an eye care professional this year 2022? | | | | | | | 🞏 Yes 🞏 No Provider/Facility:\_\_\_\_\_\_\_\_\_ | | | |
| **Staff Use Only: Diabetes: Medical Attention for Nephropathy:**  Has the patient had ascreening for nephropathy or evidence of nephropathy during 2022? | | | | | | | 🞏 Yes 🞏 No  If no, send for referral to provider that can complete screening | | | |
| **Staff Use Only: Diabetes HgBA1C poor Control, Goal < 9%**  🞏 HgbA1C level (must be performed in 2022): \_\_\_\_\_\_\_\_\_\_\_\_\_\_  If no HgbA1C completed in 2022, was one ordered on date of visit? 🞏 Yes 🞏 No *\*Triggers quality analysis to request HgbA1c values at later date* | | | | | | | | | | |