Bryn Mawr Medical Specialists Association					2024 Patient Intake Form
Visit Date:		Provider:			
Last Name:		First Name:		DOB:	
Last PCP Visit:		PCP Name:		PCP Phone Number:	

Falls: Plan of Care: 65 years and Older			
Have you had a fall or recurrent falls in the past year?			☐ Yes ☐ No
Any injury related fall in past year?			☐ Yes ☐ No
Vaccination Status – All Patients			
Have you received an influenza vaccination this current Flu season? **August 1, 2024 - March 31, 2025**	Date: _____	☐ Declined	☐ Allergy
Are you up to date with Pneumonia Vaccination?	Date: _____	☐ Declined	☐ Allergy
Tobacco Status – All patients			
Current tobacco user? (any type)			☐ Yes ☐ No
Colorectal Cancer Screening: Patients aged 45 to 75 years - Choose ONE			
Do you have a history of a total colectomy or colorectal cancer?			☐ Yes ☐ No
Have you had a Fecal occult blood test (FOBT) this year?	Date: _____		☐ Yes ☐ No
Have you had a Flexible sigmoidoscopy this year or in the last five years?	Date: _____		☐ Yes ☐ No
Have you had a Colonoscopy in the past 10 years?	Date: _____		☐ Yes ☐ No
Have you had a Cologuard or FIT-DNA this year or in the past three years?	Date: _____		☐ Yes ☐ No
Female Patients aged 40 – 74: Breast CA Screening			
Have you had a bilateral mastectomy?			☐ Yes ☐ No
Have you had a Mammograms during the last 27 months? (10/1/2022-12/31/2024)			☐ Yes ☐ No
Diabetic Patients Only 18 – 75 years old			
Diabetic Eye Exam: Have you had a diabetic retinal or dilated eye exam by an eye care professional this year?			☐ Yes ☐ No

Depression Screening – All patients				
Little interest or pleasure in doing things?	☐ Not at all	☐ Several Days	☐ More than half the days	☐ Every Day
Feeling down, depressed, or hopeless?	☐ Not at all	☐ Several Days	☐ More than half the days	☐ Every Day
Trouble falling or staying asleep or sleeping too much?	☐ Not at all	☐ Several Days	☐ More than half the days	☐ Every Day
Feeling tired or having little energy?	☐ Not at all	☐ Several Days	☐ More than half the days	☐ Every Day
Poor appetite or overeating?	☐ Not at all	☐ Several Days	☐ More than half the days	☐ Every Day
Feeling bad about yourself or that you are a failure or have let yourself or family down?	☐ Not at all	☐ Several Days	☐ More than half the days	☐ Every Day
Trouble concentrating on things such as reading newspaper or watching television?	☐ Not at all	☐ Several Days	☐ More than half the days	☐ Every Day
Moving or speaking slowly or being fidgety or restless	☐ Not at all	☐ Several Days	☐ More than half the days	☐ Every Day
Wishing to be dead or of hurting yourself?	☐ Not at all	☐ Several Days	☐ More than half the days	☐ Every Day
Activities of daily living due to the depression symptoms are:	☐ Not difficult at all	☐ Somewhat difficult	☐ Very difficult	☐ Extremely difficult

Staff Use Only: Diabetes: Medical Attention for Nephropathy: Has the patient had a screening for nephropathy or evidence of nephropathy during 2024?	☐ 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 2024): _____ **ENTER IN LABS IN EMR**	
HTN All patients diagnosed with hypertension: **Goal BP < 140/90**	Blood Pressure: _____ Enter in EMR