

Bryn Mawr Medical Specialists Association			2026 Patient Intake Form		
Visit Date:		Provider:			
Last Name:		First Name:		DOB:	
Last PCP Visit:		PCP Name:		PCP Phone Number:	
<b>Tobacco Status – All Patients</b>					
Are you a current tobacco user?					<input type="radio"/> Yes <input type="radio"/> No
<b>Colorectal Cancer Screening: Patients aged 45 to 75 years - Choose ONE</b>					
Do you have a history of a total colectomy or colorectal cancer?					<input type="radio"/> Yes <input type="radio"/> No
Have you had a Fecal occult blood test (FOBT) this year?			Date: _____	<input type="radio"/> Yes <input type="radio"/> No	
Have you had a Flexible sigmoidoscopy this year or in the last five years?			Date: _____	<input type="radio"/> Yes <input type="radio"/> No	
Have you had a Colonoscopy in the past 10 years?			Date: _____	<input type="radio"/> Yes <input type="radio"/> No	
Have you had a Cologuard or FIT-DNA this year or in the past three years?			Date: _____	<input type="radio"/> Yes <input type="radio"/> No	
<b>Female Patients aged 50 – 74: Breast CA Screening</b>					
Have you had a bilateral mastectomy?					<input type="radio"/> Yes <input type="radio"/> No
Have you had a Mammograms during the last 27 months? (10/1/2024-12/31/2026)			Date: _____	<input type="radio"/> Yes <input type="radio"/> No	
<b>Depression Screening part 1 – All patients (If you answer yes to any of these questions, please complete part 2)</b>					
Depression: Little interest or pleasure in doing things?					<input type="radio"/> Yes <input type="radio"/> No
Depression: Feeling down, depressed, or hopeless?					<input type="radio"/> Yes <input type="radio"/> No
<b>Depression Screening part 2 – All patients pt (If you answered yes to any questions in part 1, please answer the questions below)</b>					
Little interest or pleasure in doing things?		<input type="radio"/> Not at all <input type="radio"/> Several Days <input type="radio"/> More than half the days <input type="radio"/> Every Day			
Feeling down, depressed, or hopeless?		<input type="radio"/> Not at all <input type="radio"/> Several Days <input type="radio"/> More than half the days <input type="radio"/> Every Day			
Trouble falling or staying asleep or sleeping too much?		<input type="radio"/> Not at all <input type="radio"/> Several Days <input type="radio"/> More than half the days <input type="radio"/> Every Day			
Feeling tired or having little energy?		<input type="radio"/> Not at all <input type="radio"/> Several Days <input type="radio"/> More than half the days <input type="radio"/> Every Day			
Poor appetite or overeating?		<input type="radio"/> Not at all <input type="radio"/> Several Days <input type="radio"/> More than half the days <input type="radio"/> Every Day			
Feeling bad about yourself or that you are a failure or have let yourself or family down?		<input type="radio"/> Not at all <input type="radio"/> Several Days <input type="radio"/> More than half the days <input type="radio"/> Every Day			
Trouble concentrating on things such as reading newspaper or watching television?		<input type="radio"/> Not at all <input type="radio"/> Several Days <input type="radio"/> More than half the days <input type="radio"/> Every Day			
Moving or speaking slowly or being fidgety or restless		<input type="radio"/> Not at all <input type="radio"/> Several Days <input type="radio"/> More than half the days <input type="radio"/> Every Day			
Wishing to be dead or hurting yourself?		<input type="radio"/> Not at all <input type="radio"/> Several Days <input type="radio"/> More than half the days <input type="radio"/> Every Day			
Activities of daily living due to the depression symptoms are:		<input type="radio"/> Not difficult at all <input type="radio"/> Somewhat difficult <input type="radio"/> Very difficult <input type="radio"/> Extremely difficult			
<b>Staff Use Only: Diabetes HgBA1C poor Control, Goal &lt; 9%</b>			o HgbA1C level (must be performed in 2026): _____		
<b>ENTER IN LABS IN EMR</b>					
<b>HTN All patients diagnosed with hypertension: Goal BP &lt; 140/90</b>			Blood Pressure: _____ Enter in EMR		