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Amico, Stock & Associates
Amy R. Kelley, MD
Arlington-Mill Run
Building Blocks Pediatrics
Capital City Medical
Association
Central Ohio Medicine
Columbus Infectious
Disease
Columbus Internal Medicine
COPC Hospitalists
COPC Internal Medicine
Group
COPC Metro West
COPC Westerville
Dublin Internal Medicine
EMG & Rehabilitation
Fairway Family Physicians
Family Medicine &
Pediatrics at Winchester
Square
Family Medicine North
Family Physicians of
Gahanna
Family Practice Center of
Westerville
Harris & Associates
Jasonway Internal Medicine
J. William Wulf, MD
LaHue, Gramann, Bucci,
Boezi
Marysville Primary Care
May & Broyles
Family Physicians
McConnell Family
Practice
Michael R. Ports, MD
Northside Internal Medicine
Northwest Family
Physicians
Ohio Center for Pediatrics
Parsons Avenue Medical
Clinic
Professional Pediatrics of
Hilliard
Provider Physicians East
Provider Physicians North
Riverside Infection
Consultants
Riverside Medical Group
Riverside Pediatric
Association
Step By Step Pediatrics
Stonegate Family Health
Suburban Internal Medicine
Tallo & Associates
Tri County Family
Physicians
Westerville Internal
Medicine
Westerville Medical
Associates
Worthington Internal
Medicine
Same Day Care Center
Winchester Laser Cosmetic

To Our Patients:

You are scheduled to come in for a preventative health assessment and physical exam. Enclosed are forms that you will need to complete and bring in with you when you come. Your exam should take 20-30 minutes depending on your current health status. You should come in after a 12-hour fast unless you have made other arrangements for laboratory work. You may have as much water and black coffee as you would like.

There have been many changes in the health insurance industry in the past few years and we all share the confusion. Physicals exams or preventative medical exams are covered under many health insurance plans, but not by all. You should check with your insurance carrier to determine what benefits you have for this type of exam.

If Medicare is your primary insurance, routine physicals are not a covered benefit. If you have on going health problems that will be assessed at the time of our exam, part of the exam may be covered. As confusing as it may seem, Medicare will usually pay benefits for the part of the exam that is considered due to illness but will not cover the part that is considered to be preventative or routine. The amount covered depends on the complexity of your medical problems. For example, if you have many complex problems, a large part of the exam may be covered but not all of it. If you have no medical problems, Medicare may not cover the services at all.

This may seem like a change from the past, but with health care benefits, change is the only constant. The above method of determining benefits for preventative health assessments is based on the most current information we can get from Medicare.

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Susan Goodlive, M.D.
Jennifer Forbush, R.N., CNP

Name: _____

Medication allergies or reactions:

Medication	Reaction	Medication	Reaction
1.		3.	
2.		4.	

Family History:

Family Member	Age(s)	Living	Deceased	Diseases
Father				
Mother				
Brother (s) # _____				
Sisters (s) # _____				

Diseases in the family: Check all that apply

- | | | |
|--|---|--|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Liver disease |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Mental illness | <input type="checkbox"/> Bleeding Problems |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Addiction problems | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Other |
| <input type="checkbox"/> Details / Other _____ | | |

Social History:

Do you smoke? NO YES ___ packs per day for ___ years. Other tobacco products _____
Do you drink alcohol? NO YES Beer Wine Liquor. How many drinks per week? _____
How many servings of caffeine per day? _____ Coffee Tea Sodas
Any recreational drug use? NO YES Type _____
Occupation _____ Any known occupational exposures? _____
Do you exercise regularly? Yes No How many times per week? _____ Type of exercise _____

Preventative Care:

Last Colon and Rectal Cancer screening: Rectal exam Checking for blood Sigmoidoscopy
 Colonoscopy Barium Enema Date _____
Do you use your seatbelts / shoulder restraints? Yes No

Immunizations:

Immunizations:	Date	Immunizations:	Date
Tetanus		Hepatitis A	
Influenza		Hepatitis B	
Pneumonia			

For our Female Patients:

Last PAP test _____ Last mammogram _____ Do you do self-breast exams? Yes No
Menstrual or period problems: Irregular Heavy Change in frequency _____
Have you gone through menopause? Yes No
Number of pregnancies _____ Live births _____ Vaginal _____ C-section _____ Miscarriages _____
Can you think of anything else that you think we should know about your health and lifestyle that is not listed here?

Name: _____

Review of Systems (Symptom Review): Check all that apply:

Constitutional: Fever Chills Sweats Weight gain / Loss Fatigue Weakness
 Dizziness (room spinning)

Head: Headache Sores Sinus pressure or pain

Eyes: Blurred vision Double vision Eye pain "floaters"
 Excess tearing Irritation

Ears: Ear pain Decreased hearing Dizziness (light headed, room spinning) Ringing

Nose: Congestion Post nasal drip Difficulty breathing through nose Frequent nose bleeds

Throat: Sore throat Fullness or sensation of mass Difficulty swallowing

Neck: Neck pain Fullness or mass

Chest: Chest discomfort (pain, pressure, fullness squeezing) with exertion or exercise Heart pounding
 Heart racing Shortness of breath while lying down or with exertion (out of proportion to activity)
 "skipping beats"

GI: Nausea Vomiting Abdominal pain Excess belching
 Heartburn Cramps
 Diarrhea Constipation Blood in stool Change in frequency of stools

Genitourinary: Pain with urination Increased frequency of urination Getting up more than twice a night
 Blood in urine Sexual problems Difficulty with erections Vaginal pain
 Vaginal discharge

Musculoskeletal: Joint pains Muscle weakness Muscle pain Back pain

Skin: Rash Sores Moles that are changing Itching Dry skin
 Eczema

Neurological: Numbness Tingling Weakness Speech abnormalities
 Abnormal movements

Psychological: Anxiety Eating disorder Obsessive behavior Depression
 Mood swings Crying spells Lack of motivation Drug dependence
 Alcohol problems

In the last 2 weeks, have you felt down, depressed or hopeless? Yes NO

In the last 2 weeks, have you felt little interest or pleasure in doing things? Yes NO

Reviewed with patient on _____ Signature _____