

# UNIVERSITY OF WYOMING

Albany Community Health Clinic  
920 E. Sheridan St., Suite A  
Laramie, WY 82070  
(307) 460-9039  
Email: achc@uwyo.edu



## Returning Patient Medical Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Reason for today's visit: \_\_\_\_\_  
\_\_\_\_\_

Preferred Pharmacy: \_\_\_\_\_

Have there been any changes to your medications?  No  Yes, describe: \_\_\_\_\_  
\_\_\_\_\_

Have there been any changes to your allergies to medications?  No  Yes, describe: \_\_\_\_\_  
\_\_\_\_\_

### Since your last office visit:

Have you been admitted to the hospital?  No  Yes

Have you been to an Emergency Room (ER) or Urgent Care?  No  Yes

Have you been seen by another healthcare provider?  No  Yes

Have you seen a dentist?  No  Yes

Have there been any major changes to your health?  No  Yes, describe: \_\_\_\_\_  
\_\_\_\_\_

Have there been any major changes to the health of your family members?  No  Yes, describe: \_\_\_\_\_  
\_\_\_\_\_

Have there been any major changes in your living situation, employment, or financial status?  No  Yes, describe: \_\_\_\_\_  
\_\_\_\_\_

### Pain Screen:

Are you currently having any pain you would like your provider to address?  No  Yes

Are you currently having any pain that affects your activity level?  No  Yes

Smoking Screen:

Do you smoke?  No  Yes

Healthy Lifestyle:

Do you get at least 150 minutes of moderate exercise a week?  No  Yes

Are you interested in discussing diet, exercise, and/or weight loss to improve health?  No  Yes

Depression Screen:

Over the last **two weeks**, have you...

1) Had little interest or pleasure in doing things?

- Not at all
- Several days
- More than half the days
- Nearly every day

2) Been feeling down, depressed, or hopeless?

- Not at all
- Several days
- More than half the days
- Nearly every day

Cancer Screening:

Have you ever had a Colonoscopy?

- No
- Yes, Date: \_\_\_\_\_ Results  normal  abnormal

Female sex only:

Have you ever had a Pap test?

- No
- Yes, Date: \_\_\_\_\_ Results  normal  abnormal

Have you ever had a mammogram?

- No
- Yes, Date: \_\_\_\_\_ Results  normal  abnormal