60036

PROVIDER QUESTIONNAIRE: GEN MED

DATE of VISIT: __ __ / __ __ / __ __ __ __ PATIENT ID:

PATIENT NAME:

PROVIDER NAME:

All of the following questions refer to the patient listed above. Please answer the questions to the best of your ability based on what you know about the patient. Please make your best guess. Please do not ask the patient or consult their medical records. (We are asking the patient some of these questions as well.) Please fill in ● the circle for each of the following:

1. Are you designated as primary care provider for this patient? 0 YES 0 NO

2. Do you consider yourself primarily responsible for this patient? 0 YES 0 NO

3. How long have you been this patient's provider?
0 LESS THAN 3 MOS. 0 3 - 6 MOS. 0 6 - 12 MOS. 0 MORE THAN 1 YEAR

4. Do you like working with this patient? NOT AT ALL 0 0 0 0 0 VERY MUCH

5. How close is your relationship with this patient?
0 VERY CLOSE 0 SOMEWHAT CLOSE 0 NOT CLOSE AT ALL

6. How sick is this patient?
0 NEAR DEATH 0 VERY SICK 0 MODERATELY SICK 0 SOMEWHAT SICK 0 NOT SICK AT ALL

7. In your best judgement, please estimate the percentage probability that this patient will be alive in 10 years. __ __ __ %

8. When was the last time this patient missed any of their presription medications?
0 WITHIN PAST WEEK 0 1-2 WKS AGO 0 2-4 WKS AGO 0 1-3 MOS AGO 0 >3 MOS AGO 0 NEVER MISSED

9. Please mark the following behaviors this patient practices:

	Past	Present	Never
Smokes cigarettes	0	0	0
Drinks too much	0	0	0
Uses illegal drugs	0	0	0

10. Please mark the following psychiatric problems this patient currently has (to the best of your knowledge).

	Yes	No	Don't Know		Yes	No	Don't Know
Anxiety	0	0	0	Post Traumatic Stress Disorder (PTSD)	0	0	0
Depression	0	0	0	Schizophrenia	0	0	0

11. Please mark all of the following general comorbid conditions this patient has ever had.

	Yes	No	Don't Know		Yes	No	Don't Know
a. Alcoholic Hepatitis	0	0	0	h. Diabetes Mellitus	0	0	0
b. Anemia	0	0	0	i. Hepatitis C	0	0	0
c. Benign Prostatic Hypertrophy	0	0	0	j. Hyperlipidemia	0	0	0
d. CAD	0	0	0	k. Hypertension	0	0	0
e. Cancer	0	0	0	l. Peripheral Neuropathy	0	0	0
f. Chronic Lung Disease	0	0	0	m. Renal Failure/Insufficiency	0	0	0
g. Dementia	0	0	0	n. Wasting	0	0	0

THANK YOU