Lake Oswego Psychiatric Associates
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Pre-Appointment Health Report

In order that we may address those health concerns most important to you while also maintaining an awareness of your overall health status, we invite you to share this information with us at each appointment. You can download this form from our website, LakeOswegoPsychiatric.com and bring it to your appointment, or come a few minutes early to complete it in the waiting room, or complete it in the first few minutes of your appointment.

Thank you for allowing us to be your partners in your optimum health creation and maintenance.

My **main concern** today is _____

I want to make sure that we **discuss** _____

Since my last appointment I have had the following **issues**:

Feelings
___anxious
___depressed
___feeling unsafe at home
___feeling unsafe at work

Thoughts
___ of hurting myself
___of hurting other people
___difficulty concentrating
___difficulty with my memory
___racing thoughts
___odd thoughts

Behavior
___insomnia
___eating too much
___eating too little
___risky behavior

Other symptoms that I feel are important._____

Please complete both sides of this report.

My **healthy habits** include the following: (circle no if you haven't developed these habits yet)
I exercise (what form, how long, and how often)_____YES NO
I get adequate sleep (time to bed and time awakening, including any naps).
_____YES NO
I eat ____ servings of fruit/day and ____servings of vegetables/day.
I belong to a social, service, or religious group(s). (Please list) YES NO
_____
I volunteer or provide unpaid service to a group or to non-family individuals ____hours/month. (Please list)_____YES NO
In an average day I talk to about _____ people/day.
I spend ____ hrs/week in recreation or hobbies. (please list)_____NO
As a woman I drink no more than 1½oz liquor, OR 12oz beer, OR 4oz wine in 24 hrs. YES NO
(please list frequency and quantity of alcohol consumed)_____
As a man I drink no more than 3oz liquor, OR 24oz. beer, OR 8oz. wine in 24hrs. YES NO
(please list frequency and quantity of alcohol consumed)_____
I do not use tobacco. YES NO
(If no, please list type and frequency of use)_____
My current height is _____. My current weight is _____.

My **current physical health** includes problems with the following: (please describe the problem)

Head
Ears, eyes, nose, throat
Thyroid,
Breathing
Heart
Blood Pressure
Digestion and elimination
Kidneys
Reproductive system
Muscles
Joints
Endocrine (diabetes, hormonal, etc)
Lipids, cholesterol, triglycerides
Immune system
Nervous System
Blood System
Allergies (please list)_____
_____

My **current medications, remedies, supplements and vitamins** include the following:
Please indicate which doctor is prescribing each.
_____
My address is the same as my last appointment YES NO
new address _____

My phone numbers are the same as my last appointment YES NO
New numbers _____
My insurance is the same as my last appointment YES NO
My new insurance is _____
(Please let us make a copy of your new card)

Thank you for helping us gather this information quickly and efficiently, which will allow us to spend our time together focusing on your goals.

_____ _____
Patient signature and date Physician signature and date

Please complete both sides of this report.