

DILLON INTERNAL MEDICINE ASSOCIATES  
PRE VISIT FORM

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Race: \_\_\_\_\_ Language: English Spanish Other Ethnicity: Non-Hispanic Hispanic Other

\*To help us get the most out of today's visit, please answer the following questions.

1. What is your reason for visiting us today? (List any problems and concerns you are having and how long those problems have been present). \_\_\_\_\_  
\_\_\_\_\_

2. Do you have any allergies to medications? \_\_\_\_\_

3. Do you need refills on any of your medications? \_\_\_YES \_\_\_NO

4. Do you have any other concerns that you would like addressed today? \_\_\_YES \_\_\_NO

5. Do you take Aspirin daily? \_\_\_YES \_\_\_NO If yes, how much? \_\_\_81 mg \_\_\_325 mg

6. When did you last see a physician? \_\_\_\_\_ Where? \_\_\_\_\_

7. When did you have your last pap? \_\_\_\_\_ By Whom? \_\_\_\_\_

8. When did you have your last mammogram? \_\_\_\_\_ Where? \_\_\_\_\_

9. When did you have your last colonoscopy? \_\_\_\_\_ Where? \_\_\_\_\_

10. When did you have your last stress test ? \_\_\_\_\_ Where? \_\_\_\_\_

11. When did you have your last echocardiogram? \_\_\_\_\_ Where? \_\_\_\_\_

12. When did you have your last bone density? \_\_\_\_\_ Where? \_\_\_\_\_

13. Have you had fasting blood work in the last 2 weeks? \_\_\_YES \_\_\_NO Where? \_\_\_\_\_

14. When did you have your last eye exam? \_\_\_\_\_ Where? \_\_\_\_\_

Over the past 2 weeks have you been bothered by these problems?	Not at all	Several Days	More days than not	Nearly every day
Feeling nervous, anxious or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Feeling down, depressed or hopeless	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Do you have trouble sleeping at night	0	1	2	3