

Do you need help to manage your financial affairs, check book? Yes No

- If yes, who helps you? Include name and relationship _____

Do you need any assistance with activities of daily living? Yes No

If yes, complete the following:

Do you need help using the telephone: Yes No

If yes, who helps you? Include name and relationship.

What kind of telephone assistance do you need?

Do you need help to prepare your meals? Yes No

If yes, who helps you? Include name and relationship.

Do you need help to do the laundry? Yes No

If yes, who helps you? Include name and relationship.

Do you need help to shop for groceries? Yes No

If yes, who helps you? Include name and relationship?

Do you do your own home repairs? Yes No

If not, who helps you? Include name and relationship.

Falls or Emergency Room visits:

Circle the correct answer or any that apply.

Have you had any falls in the last 3 years? Yes No

- If yes, describe what happened _____

Are you having any issues with balance? Yes No

- If yes, describe: _____

Are you having any difficulties walking? Yes No

Do you require assistance to walk? Yes No

Do you use a cane, walker or wheelchair. Circle which applies.

Have you had any Emergency Room visits in the last 3 years? Yes No

- If yes, describe why _____

Have you been admitted to the hospital in the last 3 years? Yes No

- If yes, what was the reason for admission to the hospital. _____

Do you have an advanced directive? Yes No

Do we have a copy of your advanced directive? Yes No

- Any special instructions your provider should be aware of?

Circle any that apply

Do you follow any particular diet? Yes No

- Low salt, Low fat, 1200 calorie diet, 1500 calorie diet, 1800 calorie diet, 2000 calorie diet, Mediterranean diet, DASH diet

Other diet? _____

Do you exercise regularly? Yes No

- If yes, how often _____

History:

Circle the correct answer or any that apply

Do you smoke? Yes No

Have you ever smoked? Yes No

- If yes, how much did you smoke?
- If yes, when did you quit?

Does anyone in the household smoke?

- If yes, are they trying to quit? Yes No

Do you use alcohol? Yes No

If yes, how many servings per day? 1 or less, 2 or more

Any history of illicit drug use?