GulfView Medical Institute PL
A new approach to health.

Physical Exam Questionnaire

Date: ______________________________

Name: ____ **Date of birth:**_______________

Home Address:________________________________ **City:**______________ **State:**______
Zip Code: ________________

Emergency Contact:
Name:__________________________ Relationship:__________ Phone:________________

Pharmacy: ____

Please record the last year you had the following…

Flu Vaccine: __________________________ Eye Exam:____________________________

Pneumonia Vaccine:____________________ Hearing Exam:_________________________

PSA: _________________________________ Mammogram:__________________________

Bone Density:_________________________ Pap Smear: ___________________________

Colonoscopy: _________________________ Prostate Exam: ________________________

Recent Surgeries:____

Please answer the following… **(REQUIRED FOR INSURANCE)**

Do you drink Alcohol? NO YES
If so how often? ____
Do you smoke Tobacco? NO YES
If so how often? ____
How many a day? ____
Are you a Former Smoker? NO YES
If yes, how long ago did you quit?____
Do you chew Tobacco? NO YES
If so how much? ____
Do you Exercise? NO YES
If so how often?____
What kind of exercises?____
Are you on a diet? NO YES
What kind of diet are you on? Low Carb Vegetarian Diabetic Low Salt Low Fat
Weight Watchers Small portions Other:____

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PHQ9

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all 0	Several Days 1	More than half the days 2	Nearly every day 3
1.) Little interest or pleasure in doing things	☐	☐	☐	☐
2.) Feeling down, depressed or hopeless	☐	☐	☐	☐
3.) Trouble falling or staying asleep, or sleeping too much	☐	☐	☐	☐
4.) Feeling tired or having little energy	☐	☐	☐	☐
5.) Poor appetite or overeating	☐	☐	☐	☐
6.) Feeling bad about yourself or that you are a failure, or have let yourself or your family down	☐	☐	☐	☐
7.) Trouble concentrating on things, such as reading the newspaper or watching television	☐	☐	☐	☐
8.) Moving or speaking so slowly that other people could have noticed; or the opposite, being so fidgety or restless that you have been moving around a lot more than usual	☐	☐	☐	☐
9.) Thoughts that you would be better off dead or of hurting yourself in some way	☐	☐	☐	☐

Total Score: ☐

Interpretation

1-4 Minimal Depression
5-9 Mild Depression
10-14 Moderate Depression
15-19 Moderately Severe Depression
20-27 Severe Depression