



Khair
Family Practice

Pre Appointment Questionnaire

Patient Name: _____

Date of Birth: _____

Please answer the following questions.

Have you ever had a Mammogram (after 40 years old)? Yes No: Please provide information below

If so, where and what year? _____

Have you ever had a Colonoscopy (Ages 50-75)? Yes No: Please provide information below

If so, where and what year? _____

Have you ever had a Pneumonia Vaccine (after 65 years old)? Yes No: Please provide information below

If so, when? _____

When was your last Flu Shot? Please provide information below

When? _____

Are you Depressed? Yes No

Are you Diabetic? Yes No: Please provide information below

If so, when was the last Hemoglobin A1C performed and where? _____

Have you ever had a Dexa Scan (Females after 65 years old) ? Yes No: please provide information below

If so, where and what year? _____

Falls Risk: (please circle one) None in past year
 One fall with injury in past year
 Two or more falls with injury in past year
 One fall without injury in the past year
 Two or more falls without injury in past year