

Preventive Care Risk Assessment

Name: _____ DOB _____ Date _____

Lung Cancer (please check all that apply)

- You currently smoke cigarettes, cigars, or pipes.
- You have a history of second-hand smoke exposure.
- You have been exposed to radon or asbestos in the workplace.
- You have a history of tuberculosis.
- You have a personal history of lung cancer.
- You have a chronic persistent productive cough with colored or blood-tinged sputum.
 - Consider chest xray or low dose chest ct if patient answers yes to more than one of these questions and has a persistent productive cough, fevers and chills, unexplained weight loss, or other clinical findings

Colorectal Cancer (please check all that apply)

- You have a personal history of colorectal cancer prior to age 50.
- You have a personal history of colorectal polyps prior to age 40.
- You have a family history of colorectal, endometrial, ovarian, or stomach cancer.
- You have more than two first-degree relatives with colorectal cancer or adenomatous polyps.
- You have a history of long-standing inflammatory bowel disease such as ulcerative colitis or Crohn's disease.
- You consume a high-fat diet.

Immunizations (please check all that apply)

Tdap

- Have you had a tetanus shot in the last 10 years? Y N When? _____

Shingles

- You are older than 60 years?

Pneumococcal

- You are older than 65 years?
- You have any of the following: chronic lung disease (COPD, emphysema, asthma), chronic cardiovascular disease, diabetes, chronic liver disease, alcoholism, cochlear implants, cerebrospinal leak, asplenia
- You live in a nursing home?
- You smoke?
- Your first pneumococcal vaccination was more than 5 years ago?

Influenza

- You have a severe allergic reaction to egg?
- You have a fever?
- You had a severe reaction to the influenza vaccine?
- You have had Guillain-Barre' Syndrome?

HPV

- Are you between the ages of 19-26 years?

Sexually Transmitted Diseases (please check all that apply)

1. How many people have you had sex with during your lifetime? If you answer 0 (zero), go to question #10
 0 1-5 6-10 11-20 20+
2. How many people have you had sex with in the last 3 months? _____
3. My sex partners are (check all that apply): Men Women Both
4. When you have sex, do you use a condom or other barrier:
 Always Most of the time Not that often Never
5. Have you ever paid for sex or traded sex for drugs, food, clothing, etc?
 Y N
6. Have you ever had sex while high on drugs or alcohol?
 Y N Unsure
7. Have you ever had sex with someone infected with: (check all that apply)
 Hepatitis B Hepatitis C HIV/AIDS STD Not sure No
8. Have you ever had sex with someone who injected drugs?
 Y N Unsure
- 8b. If YES, was it: (Check all that apply)
 Current sex partner Past sex partner
9. Have you had an STD? Y N
(If YES, check all that apply)
 Syphilis Genital/Sex Warts Gonorrhea (clap) Herpes HIV
 Chlamydia Trichomonas(trich) Hepatitis A Hepatitis B Hepatitis C
 Women –infection in your tubes/womb (PID)
 Men–burning or drip from penis (not gonorrhea or chlamydia)
10. Have you ever used non-injecting drugs like marijuana? Y N
11. Have you ever injected drugs? Y N
-If YES, did you ever share needles, syringes, or “works”? Y N
12. Have you ever snorted drugs (i.e., cocaine, speed, heroin, ecstasy, meth.)?
 Y N
12b. If YES, have you ever shared straws while snorting? Y N
13. Was your mother infected with hepatitis B when you were born?
 Y N Unsure
15. Have you ever lived in the same house with someone infected with hepatitis B?
 Y N Unsure
16. Have you ever been in jail, prison, or a detention center? Y N
17. Did you ever have a blood transfusion before 1992? Y N Unsure
18. Have you ever had a tattoo? Y N Unsure
19. Have you ever had body piercing (other than your ears)? Y N
20. Have you ever been tested for HIV? Y N Unsure
21. Have you ever received (check all that apply):
 Hepatitis A vaccine Hepatitis B vaccine Hepatitis A & B

Sleep Apnea (please check all that apply)

- You have been told that you snore loudly on most nights.
- You have been told (or noticed on your own) that you stop breathing or struggle to breathe in your sleep.
- You are tired, fatigued or sleepy on most days.
- You have acid reflux or high blood pressure (or use medicines to treat either of these conditions.)
- You are overweight.

Heart Disease (please check all that apply)

- You smoke.
- You have high blood pressure.
- You have diabetes.
- You are overweight.
- You are physically inactive.
- If male, you are older than 45.
- If female, you are older than 55.
- People in your family have early heart disease (before age 45 in men or before age 55 in women)

Osteoporosis (please check all that apply)

- You are on treatment for osteoporosis.
- You are a current smoker.
- You drink more than 3 alcoholic drinks a day.
- You have been on prolonged courses of steroids.
- You have rheumatoid arthritis.
- You have a fragility fracture after age 45 (any fall from standing height that has caused fracture.)
- You have a parent who has had a hip fracture.
- You have secondary osteoporosis (osteoporosis resulting from another medical problem.)
- Gender: male female
- Ethnicity: white Asian Black Hispanic

Website for Frax score: <http://riskcalculator.fore.org>

Office Use Only

BMD-Femoral Neck T-Score: _____

Calculated Risk: _____

Men

Prostate Cancer (please check all that apply)

- You have a family history of prostate cancer.
- You have a first-degree relative with prostate cancer.
- Define your race _____ and ethnicity_____.
- You consume a high-fat diet.

Testosterone (please check all that apply)

- You have a decrease in libido (sex drive).
- You have a lack of energy.
- You have a decrease in strength and/or endurance.
- You lost height.
- You have noticed a decrease enjoyment of life.
- You are sad and/or grumpy.
- Your erections are less strong.
- During sexual intercourse, it has been more difficult to maintain your erections to completion of intercourse.
- You fall asleep right after dinner.
- There has been a recent deterioration in your work performance.

Abdominal Aortic Aneurysm (please check all that apply)

- You currently smoke or have smoked.
- You are between 65 and 75 years of age.

Breast Cancer

- You have a history of any of the following: male infertility, testicular abnormalities (cryptorchidism, orchitis, orchiectomy, testicular trauma), or Klinefelter's syndrome.

Women

Breast Cancer (please check all that apply)

- What was your age at your first period? _____
- What is your current age? _____
- You have a first-degree relatives with breast cancer.
- Have you had previous breast biopsies in the past? _____ How many? _____
- You had at least one biopsy consistent with atypical hyperplasia.
- You had diethylstilbestrol (DES) exposure.
- You have more than two drinks of alcohol daily.

Cervical Cancer (please check all that apply)

- How old were you at your first sexual encounter? _____
- You had or have any of the following: genital warts, HIV infection, herpes, gonorrhea, Chlamydia.
- You have any history of abnormal vaginal bleeding.
- You smoke cigarettes.

Ovarian Cancer (please check all that apply)

- You older than 60.
- Your mother or sister has a history of ovarian cancer.
- You have been diagnosed with cancer of the breast, colon, or endometrium.
- You have taken any fertility drugs.
- You are currently using hormone replacement drugs.
- You put talcum powder in the area between your vagina and rectum.

Endometrial Cancer (please check all that apply)

- You are older than 50?
- You were previously on estrogen-only hormone replacement therapy.
- You have a history of colon, rectal, or breast cancer.
- You have taken tamoxifen in the past for breast cancer prevention.
- You have been diagnosed with endometrial hyperplasia?
- You are white?
- You began menopause after age 59?
- You have diabetes.
- You have hypertension.