

TSWF-Core Encounter with SF600-Follow-Up v20130320

Patient Name: _____ Rank: _____ (Active Duty Only) FMP and Sponsor SSN last four: _____

A. What is the reason for **today's visit**? _____

B. Please rate your **pain level** on a scale of 0 (no pain) to 10 (severe pain): # ___/10

D. How **long** have you had this issue? _____ Please circle This issue is getting **better** **worse**
****Please get your medication list ready -- If you do not have one, remind us to give you one today.****

List any medication changes below--remember to add vitamins, over the counter meds, herbal meds and supplements**

If you take medications, do you always remember to take them? Yes No

K. Yes No Do you consume any alcohol?
 Yes Never Do you now or have you ever used **tobacco** products, including chew? (If YES, check the box that applies)
 I CURRENTLY USE Tobacco Products What type? _____ How much per day? _____ Interested in quitting? Yes No
 I QUIT USING Tobacco Products When did you quit? _____
 Yes No Do you do moderate exercise for at least 30 minutes most days a week? (Anything that raises heart rate/causes sweat)

L. Over the last 2 weeks, how often have you been bothered by any of the following problems?
Little interest or pleasure in doing things Not at all Several days More than half the days Nearly every day
Feeling down, depressed, or hopeless Not at all Several days More than half the days Nearly every day

Females Only: Yes No Could you be pregnant? Date of Last Period _____ Unknown

M. How would you say your general overall feeling is? Excellent Very Good Good Fair Poor
 Yes No Do you feel safe at home?
 Yes No Have you had any hospitalizations, specialty care, or ER visits since your last appointment?
If yes, please tell us where you were seen and why? _____

Yes No Enrolled in **RelayHealth/Secure Messaging**? E-mail address if no: _____
Please provide a good contact **telephone number**: _____

Please tell us about any other concerns you would like to discuss today _____

-----This Section is for Active Duty Only-----
 Yes No Is this visit **deployment** related? If yes, when and where was deployment: _____
 Yes No Are you currently Active Duty? If yes, have you had a PHA in the last year? _____
 Yes No **Special Duty**? If yes check which applies PRP SCI PSP Flight status Dive status