

## WHCC Preventive Health Visit – Established Patient

Please complete this form for your “annual exam” or preventive visit  
*unless* you are here for a *Medicare* Wellness Visit, which requires a different form.

Thank you for coming in for this visit!

- Most health plans cover your annual preventive visit, screening tests, & vaccines at no cost to you.
- Insurance plans consider preventive visits as *separate & different* from all other health care visits.
- At a preventive visit we’ll do the following (based on your age, sex, medical history & family history):
  - Review standard screening tests and preventive measures recommended for you
  - Do, order, or plan screening tests & measures advised for you, that you wish to do
  - Discuss basic health advice that could help you stay as healthy as possible in the long run
- As part of this visit, we can refill ongoing medications that we’ve prescribed for you before.

Preferred name (first & last): \_\_\_\_\_ Preferred pronouns: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Do you need any medication refills today? Yes  No

Do you feel your diet is healthy? Yes  No  Okay but could be better

Do you get regular exercise? Yes  No

What kind of exercise? \_\_\_\_\_

How long each time, & how often? \_\_\_\_\_

Do you wear seat belts? Yes  No

Does your home have smoke detectors? Yes  No

In the past year, has anyone threatened you or physically hurt you? Yes  No

Is there a gun in your home? Yes  No  Decline to state

If Yes, there is a gun in your home, is it stored safely? Yes  No  Decline to state

Have you had any recent unexplained breast lump or pain? Yes  No

Are you having any other symptoms that you’re concerned about? Yes  No

If yes, please describe (*and please be aware that evaluating or treating a new or significant problem may need a separate visit, or may result in a problem-visit charge at today’s appointment*):

Please answer these questions **if they apply to you**:

These questions don’t apply to me

Would you like to become pregnant in the next year? Yes  No  Not sure

Would you like to talk about birth control options today? Yes  No

Would you like testing for sexually transmitted diseases today? Yes  No

Would you like testing for HIV today? Yes  No

*Note that screening for Chlamydia and gonorrhea, and/or HIV, may be recommended for you based on standard guidelines, even if you are at low risk*

**Please complete both sides of this form**

PLACE PATIENT LABEL HERE

### UW Medicine

Harborview Medical Center – Northwest Hospital & Medical Center  
Valley Medical Center – UW Medical Center  
University of Washington Physicians Seattle, Washington

### PREVENTIVE HEALTH VISIT

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