PATIENT HEALTH QUESTIONAIRE
(Please fill in a bubble for <u>each question</u>)

Name: _____ Date: _____

Are you **<u>currently</u>** experiencing any of the following?

Example	● yes	O no
Fever/Chills	O yes	O no
Nausea	O yes	O no
Vomiting	O yes	O no
Fatigue/Weakness	O yes	O no
Dizziness	O yes	O no
Chest Pain	O yes	O no
Palpitations/Fast Heart	O yes	O no
Ankle Swelling	O yes	O no
Shortness of Breath	O yes	O no
Cough	O yes	O no
Wheeze	O yes	O no
Hearing Loss	O yes	O no
Sinus Pain	O yes	O no
Excessive Thirst	O yes	O no
Excessive Urination	O yes	O no
Weight Loss	O yes	O no
Weight Gain	O yes	O no
Joint Pain	O yes	O no
Joint Swelling	O yes	O no
Difficulty Urinating	O yes	O no
Urine Loss	O yes	O no
Bloody Urine	O yes	O no
Bloody Stool	O yes	O no
Diarrhea	O yes	O no
Constipation	O yes	O no
Difficulty Swallowing	O yes	O no
Abdominal Pain	O yes	O no
Hemorrhoids	O yes	O no
Changes in Vision	O yes	O no
Hot Flashes	O yes	O no
Vaginal Itching	O yes	O no
Irregular Periods	O yes	O no
Headache	O yes	O no
Memory Loss	O yes	O no
Depression	O yes	O no
Anxiety	O yes	O no

Instructions

1. Mark only one bubble for each question as shown on the example.
2. Please fill the bubble in completely with a blue or black pen. Do not place a check mark or X in the bubble. Please fill in as the example shows on the top.
3. This sheet is scanned into the system & will not pick up any words written on the page.

* As a patient of Pinnacle Medical Group you should....

- Allow **2** business days for all prescription refill requests
- Please bring medication bottles in with you on **EACH** visit.
- Keep in mind a $50 no show fee if you do not reschedule/cancel your appointment **two business day** in advance