***Greater Malden Behavioral Health, Inc.***

**HEALTH SCREEN**

|  |  |
| --- | --- |
| **Name:** Click here to enter text. | **Date:** Click here to enter text. |
| **Date of Birth:** Click here to enter text. | **MIS Number:** Click here to enter text. |

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| **GENERAL HEALTH** |
| Do you have high blood pressure? | [ ]  Yes | [ ]  No |
| Do you have a heart condition (i.e. chest pains, heart murmur, or stroke)?  | [ ]  Yes | [ ]  No |
| Do you have a thyroid condition? | [ ]  Yes | [ ]  No |
| Are you experiencing pain? | [ ]  Yes | [ ]  No |
| Do you have Diabetes Mellitus? | [ ]  Yes | [ ]  No |
| Do you have asthma, breathing or lung problems? | [ ]  Yes | [ ]  No |
| Do you have Allergies? | [ ]  Yes | [ ]  No |
| Do you have cancer (other than skin cancer)? | [ ]  Yes | [ ]  No |
| Do you have seizures, seizure medication, neurological problems or dizziness? | [ ]  Yes | [ ]  No |
| Do you have a history of high cholesterol? | [ ]  Yes | [ ]  No |
| Family history or coronary heart disease? | [ ]  Yes | [ ]  No |
| Do you smoke tobacco products? | [ ]  Yes | [ ]  No |
| Do you consume alcohol? | [ ]  Yes | [ ]  No |
| Do you do drugs? If so, what kind? Click here to enter text. | [ ] Yes | [ ]  No |
| Is stress from daily living an issue in your life? | [ ] Yes | [ ]  No |
| Have you been hospitalized for a medical condition within the last five years? | [ ]  Yes | [ ]  No |
|  If so, for What? | Where? |
| Click here to enter text. | Click here to enter text. |
| When was your last physical examination?Click here to enter text. |
| Do you have a physician you see on a regular basis?[ ]  Yes [ ]  No |
| Name of Physician: | Click here to enter text. |
| Physician Location Click here to enter text. |
| Would you like PBA to assist you in finding a physician and scheduling an appointment? | [ ]  Yes [ ]  No |
| Are you prescribed medications for medical conditions?  | [ ]  Yes [ ]  No |
| **Name of Medication** | **Dosage** | **Frequency***(How Many Times a Day)* | **Purpose of Medication** |
| 1.Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 2.Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 3.Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 4.Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Fitness** |
| Do you exercise on a regular basis? [ ]  Yes [ ]  No |
| How often do you exercise?Click here to enter text. Do you find exercise helpful? [ ]  Yes [ ]  No |
| What type of exercise do you participate in? Click here to enter text. |
| Do you take supplements? [ ]  Yes [ ]  No *(Please list below)* |
| **Name of Supplement** | **Purpose of Supplement** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| How do you manage stress? Click here to enter text. |
| Have you tried acupuncture treatment? [ ]  Yes [ ]  No | *Interested?* [ ]  Yes [ ]  No |
| Have you tried meditation? [ ]  Yes [ ]  No | *Interested?* [ ]  Yes [ ]  No |
| Have you tried yoga? [ ]  Yes [ ]  No | *Interested?* [ ]  Yes [ ]  No |
| Have you tried colon cleansing? [ ]  Yes [ ]  No | *Interested?* [ ]  Yes [ ]  No |
| **DIET/NUTRITION** |
| How often do you eat meat? Click here to enter text. |
| Do you eat cold cuts or lunch meat? Click here to enter text. |
| How often do you eat fruit? Click here to enter text. |
| How often do you eat vegetables?Click here to enter text. What vegetables do you eat? Click here to enter text. |
| How often do you eat fish? Click here to enter text.Do you eat foods/meats fried? [ ]  Yes [ ]  No Or baked foods/meat? [ ]  Yes [ ] No |
| Are you interested in weight loss? [ ]  Yes [ ]  No |
| Are you interested in seeing a nutritionist? [ ]  Yes [ ]  No |
|  **HOUSING** |
| Do you have adequate housing? [ ]  Yes [ ]  No  *Need assistance in getting adequate housing?* [ ]  Yes [ ]  No  |
| Are you homeless? [ ]  Yes [ ]  No Need assistance in getting housing*?* [ ]  Yes [ ]  No  |
| Are you dealing with eviction or foreclosure? [ ]  Yes [ ]  No  |
| **EMPLOYMENT** |
| Are you employed? [ ]  Yes [ ]  No  *Need assistance with employment or obtaining a higher income?* [ ]  Yes [ ]  No  |

Do you have any other Health and/or Medical concerns? [ ]  Yes [ ]  No

*(Please describe):*Click here to enter text.