ADDITIONAL PATIENT INFORMATION

Name		DOB	

ETHNICITY AND RACE IDENTIFICATION

RACE	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ White ☐ Native Hawaiian or Other Pacific Islander ☐ Other: _____ ☐ I do not wish to share / respond	ETHNICITY	☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ I do not wish to share / respond
		PREFERRED LANGUAGE	

PROVIDERS WHO CARE FOR YOU (PRIMARY CARE MD / NURSE PRACTITIONER / SPECIALISTS)

	NAME OF SPECIALIST		**NAME OF SPECIALIST**
PRIMARY CARE MD	*Andrew M Romanowsky, MD*	**PHYSICIAN ASST**	*Eikatarine T Berube, PA-C* *Danielle J McGinty, PA-C* *Heather L Thyne, PA-C*
ALLERGY		OPHTHALMOLOGY	
CARDIOLOGY		ORTHOPEDICS	
DERMATOLOGY		PAIN MEDICINE	
ENDOCRNOLOGY		PODIATRY	
EAR, NOSE & THROAT		PSYCHIATRY	
GASTROENTEROLOGY		PULMONARY / SLEEP MEDICINE	
NEPHROLOGY / KIDNEY		RHEUMATOLOGY	
NEUROLOGY		UROLOGY	
OB/GYN		VASCULAR	
ONCOLOGY		OTHER	

CHIROPRACTORS, ACUPUNCTURISTS, HERBALISTS AND THERAPISTS

CHIROPRACTOR	
ACUPUNCTURIST	
HERBALISTS	
THERAPIST	
SOCIAL WORKER	

OTHER SUPPLIERS / DME SUPPLIERS FOR OXYGEN, C-PAP, DIABETIC SUPPLIES, ETC.

C-PAP	
DIABETIC SUPPLIES	
OXYGEN	

Today's Date: _____ Patient's Initials: _____

ANDREW M ROMANOWSKY, MD LLC

33 Bartlett Street, Suite 206, Lowell, MA 01852 Tel: 978-458-1293 Fax: 978-458-6953

Patient Name: _____ Date of Birth: _____

ANNUAL LIFESTYLE QUESTIONNAIRE

Over the last 2 weeks, how often have you been bothered by any of the following problems? *Check off the most appropriate answer.*

PHQ-9	NOT AT ALL	SEVERAL DAYS	MORE THAN HALF THE DAYS	NEARLY EVERY DAY
Little interest or pleasure in doing things	○	○	○	○
Feeling down, depressed, or hopeless	○	○	○	○
Trouble falling or staying asleep, or sleeping too much	○	○	○	○
Feeling tired or having little energy	○	○	○	○
Poor appetite or overeating	○	○	○	○
Feeling bad about yourself – or that you are a failure or have let yourself or your family down	○	○	○	○
Trouble concentrating on things, such as reading the newspaper or watching television	○	○	○	○
Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	○	○	○	○
Thoughts that you would be better off dead, or of hurting yourself in some way	○	○	○	○
GAD-7	NOT AT ALL	SEVERAL DAYS	MORE THAN HALF THE DAYS	NEARLY EVERY DAY
Feeling nervous, anxious or on edge	○	○	○	○
Not being able to stop or control worrying	○	○	○	○
Worrying too much about different things	○	○	○	○
Trouble relaxing	○	○	○	○
Being so restless that it is hard to sit still	○	○	○	○
Becoming easily annoyed or irritable	○	○	○	○
Feeling afraid as if something awful might happen	○	○	○	○

Patient Name: _____ Date of Birth: _____

We believe everyone should have the opportunity for health. Some things like not having enough food or reliable transportation or a safe place to live can make it hard to be healthy. Please answer the following questions to help us better understand you and your current situation.

1. Have you had a fall in the past year?
- ☐ Yes, with serious injury
- ☐ Yes, with minor injury
- ☐ Yes, with no injury
- ☐ No
- ☐ Declined to Answer

2. How hard is it for you to pay for the very basics like food, housing, medical care, and heating?
- ☐ Very Hard
- ☐ Hard
- ☐ Somewhat Hard
- ☐ Not Very Hard
- ☐ Not Hard at All
- ☐ Declined to Answer

3. Within the past 12 months, you worried that your food would run out before you got the money to buy more.
- ☐ Often True
- ☐ Sometimes True
- ☐ Never True
- ☐ Declined to Answer

4. In the past 12 months, has lack of transportation kept you from medical appointments or from getting medications?
- ☐ Yes
- ☐ No
- ☐ Declined to Answer

5. In the past 12 months, has lack of transportation kept you from meetings, work, or from getting things needed for daily living?
- ☐ Yes
- ☐ No
- ☐ Declined to Answer

6. In the last 12 months, was there a time when you did not have a steady place to sleep or slept in a shelter (including now)?
- ☐ Yes
- ☐ No
- ☐ Declined to Answer

7. Did you have a drink containing alcohol in the past year?
- ☐ Yes
- ☐ No
- ☐ Declined to Answer

If Yes:

How often did you have six or more drinks on one occasion in the past year?
- ☐ Never
- ☐ Less than monthly
- ☐ 2-4 times a month
- ☐ 2-3 times per week
- ☐ 4 or more times a week
- ☐ Declined to Answer

How many drinks did you have on a typical day when you were drinking in the past year?
- ☐ 1 or 2 drinks
- ☐ 3 or 4 drinks
- ☐ 5 or 6 drinks
- ☐ 7 to 9 drinks
- ☐ 10 or more drinks
- ☐ Declined to Answer

How often did you have a drink containing alcohol in the past year?
- ☐ Never
- ☐ Monthly or less
- ☐ 2 to 4 times a month
- ☐ 2 to 3 times a week
- ☐ Daily or almost daily
- ☐ Declined to Answer