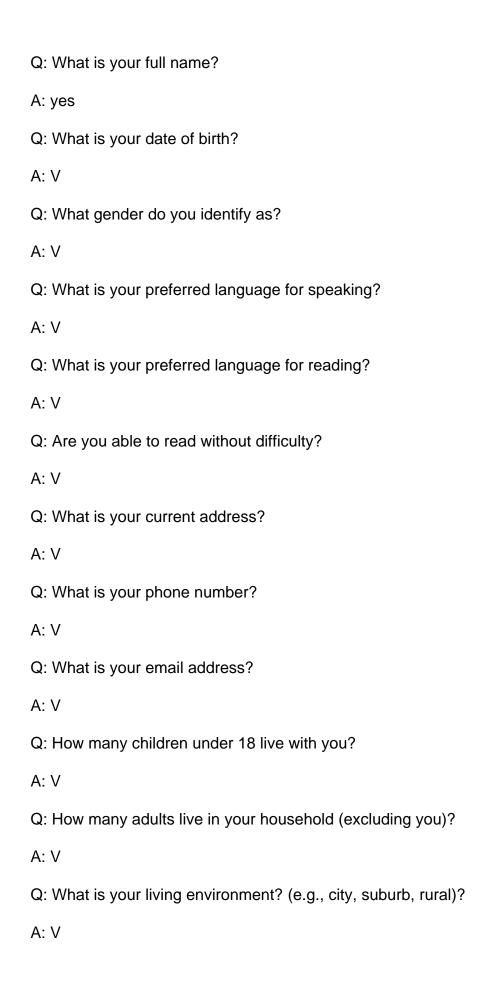
Patient History Summary



Q: What is the highest level of education you have completed?
A: V
Q: How do you prefer to learn health information?
A: V
Q: Do you have any challenges that affect your ability to learn or communicate (e.g., vision, hearing,
cognitive issues)?
A: V
Q: Have you ever been diagnosed with any of the following conditions? (diabetes, asthma, cancer,
etc.)?
A: V
Q: What medications are you currently taking?
A: V
Q: Have you had any hospitalizations in the past year?
A: V
Q: Have you had any surgeries in the past year?
A: V
Q: Do you experience chronic pain? If so, where?
A: V
Q: Does anyone in your family have a history of heart disease?
A: V
Q: Does anyone in your family have a history of cancer?
A: V
Q: Does anyone in your family have a history of mental health conditions?
A: V
Q: Does anyone in your family have a history of diabetes?
A: V

Q: Has anyone in your immediate family died of a hereditary illness?
A: V
Q: What is your current occupation?
A: V
Q: Do you smoke or use tobacco products? If so, how often?
A: V
Q: Do you consume alcohol? If so, how often?
A: V
Q: Do you use recreational drugs? If so, how often?
A: V
Q: Do you have any dietary restrictions?
A: V
Q: Do you exercise regularly? How many days a week?
A: V
Q: How would you rate your current emotional wellbeing? (Excellent, Good, Fair, Poor)?
A: V
Q: Have you ever been diagnosed or treated for a mental health condition?
A: V
Q: Have you felt anxious, depressed, or hopeless in the last 2 weeks?
A: V
Q: Have you ever tested positive for COVID-19?
A: V
Q: Did you experience long-term symptoms such as fatigue, brain fog, or breathing issues?
A: V
Q: Do you still experience any COVID-related symptoms today?
A: V

Q: Do you have a primary care provider?
A: V
Q: How long have you been seeing your primary care provider?
A: V
Q: Are you following a care plan created with a doctor?
A: V
Q: Are your medications reviewed regularly by a healthcare professional?
A: V
Q: Do you feel confident managing your own health?
A: V
Q: Do you need assistance from others to manage your health (e.g., emotional, financial, physical)?
A: V
Q: Do you have insurance that covers your current health needs?
A: V