Shady Canyon Medical Group | Dr. Albert B. Chang, M.D. | 949.585.9870

Patient Name: _____ **DOB:** _____

Health Risk Assessment

Patient SELF-Assessment

Health Status?	___ Good	___ Poor	___ Worse
Energy Level?	___ Good	___ Poor	___ Worse
Hearing?	___ Good	___ Poor	___ Worse
Vision?	___ Good	___ Poor	___ Worse
Diet?	___ Good	___ Poor	___ Worse

Home Safety

Adequate Caregiver Support?	___ No	___ Yes	
Hospital/ER Visits?	___ No	___ Yes, _____ times	
Status?	___ Married	___ Divorced	___ Single
Living Arrangement?	___ lives alone	___ lives with family friend	
	___ Other: _____		
Falls in last 6 months?	___ No	___ Yes, _____ times	
Fall Risk?	___ No	___ Yes	

Behavioral Risks

Tobacco Use?	___ No	___ Yes
Alcohol Use?	___ No	___ Yes, _____ times/month
Adequate physical activities?	___ No	___ Yes
Problems with chewing?	___ No	___ Yes
Wears dentures?	___ No	___ Yes
Significant weight change?	___ No	___ Yes

Cognitive Functioning

Confused?	___ Mostly	___ At times	___ Not at all
Oriented?	___ No	___ Yes	
Inappropriate Behavior?	___ No	___ Yes	
Memory Deficit?	___ No	___ Yes	
Delayed Recall?	___ Good	___ Poor	
Immediate Recall?	___ Good	___ Poor	

Pain Assessment

Pain Scale: __ 0 __ 2 __ 3 __ 4 __ 5 __ 6 __ 7 __ 8 __ 9 __ 10

Location of pain: _____

How frequent?	___ Constant	___ Daily	___ Less than daily
Affects quality of life?	___ No	___ Yes	
Managed effectively?	___ No	___ Yes	

Functional Status

Independent *IADL's? ___ Yes ___ No, needs help with: ___ Shopping ___ Housework ___ Accounting ___ Food preparation ___ Transportation

Independent **ADL's? ___ Yes ___ No, needs help with: ___ Dressing ___ Eating ___Ambulation ___ Toilet ___ Hygiene

*IADL: Instrumental Activities of Daily Living
**ADL: Activities of Daily Living