HUNTERDON FAMILY PHYSICIANS

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Dear Patient,

Please arrive 15 minutes prior to the appointment with your current insurance card for check in. Make sure you have nothing to eat or drink 8 hours before your appointment, except you should drink plenty of water and feel free to enjoy a cup of black coffee (no cream and/or sugar added).

In this packet, you will find some questionnaires and forms that we ask you to fill out and **bring with you to your appointment**. The information will be very important to your practitioner to provide you with the optimal care that you deserve. Be sure to complete both sides of each page.

If you need to cancel or reschedule your appointment, please give us 24 hours advance notice.

We look forward to assisting you in living a healthy life.

Sincerely,

Hunterdon Family Physicians

Patient Name: _____ Date of Birth: _____

<u>FAMILY HISTORY</u> - Since your last physical with us, are there any changes in your family history that you would like us to know? Please list in the space provided below.

_____

_____

_____

<u>CHRONIC CONDITIONS</u> - Since your last physical with us, have you had any new conditions that you would like us to know? *Listed below are some examples of common diagnoses, please circle all that apply or write diagnoses in the space provided.*

ADD	Anxiety	Asthma	Congestive heart failure	COPD
Depression	Diabetes	GERD	High blood pressure	High cholesterol

_____

_____

_____

<u>SOCIAL HISTORY</u>

SMOKING - 1) Non-Smoker

2) Current Smoker : How many packs per day? _____

3) Former Smoker : a) How long ago? ____ years b) Smoked for ____ years

4) Do you have asthma? YES NO

ALCOHOL - Do you drink alcohol? YES NO

If Yes, a) How often? _____ b) How much? _____

<u>SPECIALISTS</u> - Since your last physical with us, have you seen any specialists? Please provide us with their names and phone numbers. *Listed below are some commonly seen specialties, you may also enter additional ones in the space provided.*

	<u>Specialist's name</u>	<u>Phone number</u>
Allergy		
Cardiology		
Dermatology		
Ear/Nose/Throat (ENT)		
Endocrinology		
Gastroenterology		
Hematology / Oncology		
Neurology		
Ophthalmology / Optometrist		
Orthopedic		
Pulmonary		
Other		

_____

Since your last physical with us, have you had any surgeries? If yes, please tell us about it below.

_____

_____

_____

Patient Name: _____ Date of Birth: _____

DEPRESSION QUESTIONNAIRE

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than Half the days	Nearly everyday
1. Little interest or pleasure in doing things	☐	☐	☐	☐
2. Feeling down, depressed, or hopeless	☐	☐	☐	☐
3. Trouble falling or staying asleep, or sleeping too much	☐	☐	☐	☐
4. Feeling tired or having little energy	☐	☐	☐	☐
5. Poor appetite or overeating	☐	☐	☐	☐
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	☐	☐	☐	☐
7. Trouble concentrating on things, such as Reading the newspaper or watching TV	☐	☐	☐	☐
8. 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	☐	☐	☐	☐
9. Thoughts that you would be better off dead, Or of hurting yourself in some way	☐	☐	☐	☐

10. If you checked off any problems above, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people?

☐Not difficult at all ☐Somewhat difficult ☐Very difficult ☐Extremely difficult

FOOD INSECURITY SCREENING

In the last 12 months, how do the following statements reflect your feeling?

1. I/We worried whether our food would run out before I/we got money to buy more.

   ☐ Often ☐ Sometimes ☐ Never

2. The food that I/we bought just didn't last and I/we didn't have money to get more.

   ☐ Often ☐ Sometimes ☐ Never

Hunterdon Family Physicians

Secured Online Patient Portal

Our practice provides electronic communication with patients via NextMD Patient Portal.

Things you can achieve through the Patient Portal:

1. Email your physician with questions
2. Review your lab test results
3. Refill prescriptions
4. Request referrals

Follow these easy steps to sign up:

NAME: _____

DATE OF BIRTH: _____/_____/_____

EMAIL ADDRESS:_____

MOTHER'S MAIDEN NAME (for security): _____

CITY YOU WERE BORN IN (to retrieve password if you forget): _____

1. Create a user name with 7 or more letters (one or more must be a number)

   User Name _____

2. Create a password with 8 or more letters (one or more must be a number)

   Password _____

TEAR AND KEEP BELOW

User Name _____

Password _____

Login onto NEXT MD in your browser to sign into the Patient Portal. If at anytime you forget your username or password, it can always be reset. Call Lori (908) 284-9880.