

In Preparation For Your Visit

Form Instructions

Please return your completed form to Sharp Rees-Stealy in one of the following ways:

- Fax it to 858-636-2424, Attn: ROI Specialist
- Mail it to Sharp Rees-Stealy Central Records Room, Attn: Medical Records, 4000 Ruffin Road, Suite R, San Diego, CA 92123
- Email* it to srs.forms@sharp.com
- Bring it with you at the time of your appointment

*Your privacy is important to us. Please use the email option if you have a personal email account that only you can access.

Name: _____ Date of birth: _____

Name of the doctor you will be seeing: _____

Your best daytime phone #: _____ Your preferred method of contact: Phone call FollowMyHealth

In order of priority, briefly list the health concerns you'd like to discuss with your doctor.

1. _____
2. _____
3. _____

Do you need a prescription refilled? Yes No

If yes, please provide name of medication and dosage. _____

Do you currently smoke or use tobacco products? Yes No

If yes, please provide the following:

Type of tobacco: _____ Average amount used per day: _____

Do you need a doctor's note or form completed? Yes No

Have you received care at any of the following facilities since your last visit? Check all that apply.

____ Hospital ____ Emergency room ____ Urgent care ____ Nursing home

If you are 65 or older, please answer the following questions on page 2.

Please indicate how many days in a given week the following statements are true:

I have little interest or pleasure in doing things

I feel down, depressed or hopeless

Have you fallen in the last calendar year? Yes

No

If yes, how many times? _____

Were you injured?

Yes

No

Have you completed an advance health care directive?

Yes

No

Please visit sharp.com/advancecare to learn more about advance health care directives.

Thank you for taking the time to fill out this form in preparation for your upcoming visit.

If you don't already have a FollowMyHealth account, visit sharp.com/followmyhealth to learn more and sign up.