



Patient Name: _____ MRN: _____
DOB: _____ Date: _____

Texas Pain Institute is dedicated to providing comprehensive care to patients and following federal guidelines regarding important public health issues. Please answer the following questions:

Section 1: Tobacco Use Screening

Please select the option that best describes your current tobacco use.

- Current, every day smoker
Current some-day tobacco use
Current, some-day smoker (cigarette)
Former smoker
Never smoked

Section 2: Alcohol Use Screening

How often do you have five or more drinks on one occasion for men or four or more drinks on one occasion for women?

- Never
Less than monthly
Monthly
Weekly
Daily or almost daily

Section 3: Depression Screening

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

Table with 5 columns: Not at all, Several days, More than half the days, Nearly every day. Rows: Little interest or pleasure in doing things, Feeling down, depressed, or hopeless.

(For office use only) Score _____

THE BELOW SECTION IS FOR PATIENTS AGED 65 OR OLDER

Section 4: Advanced Directive

Do you have a health care proxy in the event you are unable to make your own medical decisions? If none, leave blank.

Name: _____ Phone: _____ Relationship: _____

Section 5: Osteoporosis

If you are a 65-85 year old female, have you ever had a DEXASCAN (central dual-energy x-ray absorptiometry) to check for osteoporosis?

Yes (if yes, where was this done? _____)
No _____

Patient Signature: _____ Date: _____ mm/dd/yyyy