



Name: _____

DOB: _____ Age: _____

Today's Date: _____

Well Adult Exam-Male

- Regular Exercise: Yes ___ No ___
- Family/Personal history of prostate cancer: Yes ___ No ___
- Family history of ovarian, endometrial, or breast cancer: Yes ___ No ___
- Family/Personal history of colon cancer, pancreatic, or other gastric cancer: Yes ___ No ___
- Have you had colon cancer screening (age 45+): Yes ___ No ___
 - If yes, year: _____
- Annual Flu vaccine: Yes ___ No ___
- Gardasil vaccine series completed: Yes ___ No ___
- Pneumonia vaccine (age 50+): Yes ___ No ___
- Shingles vaccine (age 50+): Yes ___ No ___
- Do you take a multivitamin daily? Yes ___ No ___
- Do you take an aspirin daily? Yes ___ No ___
- Do you have family history of aortic aneurysm? Yes ___ No ___
- Have you ever smoked, used chewing tobacco or electronic cigarettes? Yes ___ No ___
 - If yes, which one(s)? _____
 - If yes, how many years have you used tobacco products for? _____
 - How many packs per day? _____
 - If you quit, at what age did you quit? _____
 - If you have a 20+ year history of smoking, have you had a CT lung cancer screening? (recommended annually age 50-80) Yes ___ No ___
- Alcohol Use: Yes ___ No ___
 - If yes, do you have more than 8 drinks per week? Yes ___ No ___

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

1. Little interest or pleasure in doing things?

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

2. Feeling down, depressed, or hopeless?

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day