**Empirical Risk Management**

Date: \_\_\_\_\_\_\_\_ Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Over the last 2 weeks, how often have you been bothered by any of the following:** | **Not at all** **(0)** | **Several Days (1)** | **More than ½ the days (2)** | **Nearly every day (3)** |
| Little interest or pleasure in doing things? |  |  |  |  |
| Feeling down, depressed, or hopeless? |  |  |  |  |
| Thoughts that you would be better off dead? |  |  |  |  |
| Trouble falling or staying asleep or sleeping too much? |  |  |  |  |
| Feeling tired or having little energy? |  |  |  |  |
| Poor appetite or overeating? |  |  |  |  |

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| **Functional Ability / Safety Screen** | **Yes** | **No** |
| Because of a health or memory problem do you have any difficulty with bathing or showering? |  |  |
| Because of a health or memory problem do you have any difficulty with managing your money – such as paying your bills and keeping track of expenses? |  |  |
| Because of a health or memory problem do you have any difficulty dressing yourself? |  |  |
| Do you need help with the phone, transportation, shopping, preparing meals, housework, laundry or medications? |  |  |
| Are emergency numbers kept by the phone and regularly updated? |  |  |
| Are all household members aware of the dangers of smoking, especially in bed? |  |  |
| Are working smoke alarms and fire extinguishers available for use? |  |  |
| Have throw rugs been removed or fastened down? |  |  |
| Are non slip mats in all bathtubs and showers? |  |  |
| Do all stairways have a railing or banister? |  |  |

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| **Alcohol Use Screen** |
| 1. How often did you have a drink containing alcohol in the past year?a. Never b. Monthly or less c. 2 to 4times per month d. 2 to 3 times per weeke. 4 or more times a week 2. How many drinks did you have on a typical day when you were drinking in the past year?a. 1 or 2 b. 3 or 4 c. 5 or 6 d. 7 to 9 e. 10 or more3. How often did you have five or more drinks on one occasion in the past year?a. Never b. Less than monthly c. Monthly d. Weekly e. Daily or almost daily? |
| * **Scoring - a = 0, b = 1, c= 2, d = 3, e = 4**
* **For a male, score over 4 is positive**
* **For a female, score over 3 is positive**
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| **HHIE-S** | **Yes** **(4 pts)** | **Sometimes****(2 pts)** | **No****(0 pts)** |
| Does a hearing problem cause you to feel embarrassed when you meet new people? |  |  |  |
| Does a hearing problem cause you to feel frustrated when talking to members of your family? |  |  |  |
| Do you have difficulty hearing when someone speaks in a whisper? |  |  |  |
| Do you feel handicapped by a hearing problem |  |  |  |
| Does a hearing problem cause you difficulty when visiting with friends, relatives, or neighbors? |  |  |  |
| Does a hearing problem cause you to attend religious services less often than you would like? |  |  |  |
| Does a hearing problem cause you to have arguments with family members? |  |  |  |
| Does a hearing problem cause you difficulty when listening to TV or radio? |  |  |  |
| Do you feel that any difficulty with your hearing limits or hampers your personal or social life? |  |  |  |
| Does a hearing problem cause you difficulty when in a restaurant with relatives or friends? |  |  |  |
| **TOTAL POINTS** |  |
| 0-8 – No hearing impairment10 to 24 – 50% probability of hearing impairment26 to 40 – 84% probability of hearing impairment | **Referral for Audiology Exam****Yes or NO** |

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| **List the all the doctors and specialists that you are seeing** |

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| Do you use tobacco?* **If you smoke, You should stop. Smoking increases risk of death, heart attack, stroke and cancers.**
 | Yes  | No |
| Do you drink caffeine? | Yes | No |
| Occupation How many hours a week do you work? |
| What kind of exercise do you do?  How Often? |
| Do you have an Advance Directive? | Yes | No |
| Do you have any allergies?If so, please list | Yes | No |

 **Physicicans Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_**