

Interventional Pain Institute of West Florida

Preventive Medicine Questionnaire

Please answer the following questions

1. Have you had the influenza vaccine? Yes No Date_____

2. Have you had the pneumovax? Yes No Date_____

3. Have you had the shingles vaccine? Yes No Date_____

4. Have you had a colonoscopy? Yes No Date_____

Was it normal or abnormal? _____

5. Have you had a mammogram? Yes No Date_____

Was it normal or abnormal? _____

6. Have you been screened for osteoporosis? Yes No Date_____

Was it normal or abnormal? _____

7. If female, do you suffer from urinary incontinence? Yes No