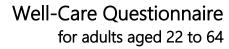




If you have not completed the online Health Profile in the past 6 months, please answer the following questions. Kaiser Permanente values your privacy and will keep your answers confidential. If you don't want to answer a question, feel free to leave it blank.

Full name:	Preferred n	ame:	
What is your gender? ☐ Female ☐ Male ☐ Transfemale ☐ Transmale ☐ Non-binary		Pronouns:	Staff: In note, use .genderhealth
Current or usual occupation:			STAFF:
Others living in your home (name, age, and relationship):			Enter using dot phrase .wq22to64
How would you describe your general health? ☐ Excellent ☐ Very Good ☐ Good	☐ Fair	☐ Poor	
On average, how many days per week do you do moderat like a brisk walk or jog? 0 1 2 3 4 5 6 7 On average, how many minutes do you exercise at this lev	7 🔲 Don't k	know	
Do you eat fruits and vegetables every day? Do you have any questions or concerns about your eating habits? Yes No			
Safety			
If you ride a motorcycle or bicycle, do you always use a hele Yes No Doesn't apply to me Do you always use your seat belt when in a car? Do you text while driving? Do you ever drive under the influence of alcohol or drugs, Yes No Do you have access to guns? Yes No If yes, are they stored unloaded and locked? Yes I Have you ever been a victim of threats, physical hurting, or Does your partner control where you go or make you feel a	Yes Yes Or ride with A	: know	
Have you ever had a partner who physically hurt or threated During the past year, have you had any major changes in you lif YES, please explain:	ned you?	☐ Yes ☐ No	





Tobacco, Nicotine Use		
Have you ever used tobacco or nicotine products (cigarettes, chew, e-cigarettes, vaping device)?		
Sexuality		
Have you ever had sex?	If NO to HIV testing, give handout on Routine HIV Testing	
Many sexually transmitted infections (STI) do not have symptoms you can see or feel. That's why it's important to get tested if you could be at risk. Places that could be infected by an STI include the genitals, anus, throat, and mouth. When we screen for STIs, we routinely test all sites that could be infected. Are there any sites you don't want me to check? No Yes		
Menstrual, Pregnancy History		
Do you have a uterus?	STAFF: Enter using dot phrase .wq22to64	
If you're still menstruating, when was your last period (date):	If yes to pregnancy:	
Please describe your periods: Regular	Enter in OB History section of Epic.	
If you're no longer having periods:		
Are you: Menopausal On birth control that prevents periods Taking gender affirming hormones that prevent periods None of these		
Are you taking a daily supplement that has both vitamin D and calcium? Yes No		
Have you had any bleeding since you stopped having periods? Yes No		
Do you have pain with intercourse or orgasm? Yes No		
Is urination or leaking urine a problem for you?		



Medical and Surgical History	
Please list any major illnesses, injuries, or conditions that were treated outside Kaiser Permanente that you haven't told us about in the past.	
None	PMH section or Problem List in Epic as
Please list any major surgeries performed outside Kaiser Permanente that you haven't told us about in the past. List each one and the approximate year.	
	Epic.
Personal and Family History (those related to you by blood)	
Do you have a personal or family history of breast cancer? Yes No Don't know If YES, please describe (ie: you, which family member):	If YES , give Breast Cancer Risk Questionnaire and complete Epic doc flowsheet (BCRQ)
Did any of the following family members develop heart disease? Check all that apply. Before age 55: father, brother, or son None before age 55 Don't know	
☐ Before age 60: mother, sister, or daughter ☐ None before age 60 ☐ Don't know	
Have you ever had Crohn's disease, ulcerative colitis, colon polyps, or colon cancer? Yes No	If YES: Consult GI.
Have you had a mother, father, sister, brother, daughter, or son diagnosed with the following? Colon cancer: No Yes - at what age: Don't know Colon polyps: No Yes - at what age: Don't know Have you had a grandparent, aunt, uncle, niece, or nephew diagnosed with the following? Colon cancer: No Yes - at what age: Don't know If YES to either question above, please circle the relative(s) with the condition.	If YES to family history: See Colorectal Cancer Screening Guideline for screening recommendation s.
Do you have a personal or family history of ovarian cancer?	If YES , give Breast Cancer Risk Questionnaire and complete Epic flowsheet (BCRQ)
Advanced Care Planning	
Do you have a signed Living Will? Yes No Don't know Do you have an up-to-date Durable Power of Attorney for health care? Yes No Don't know	If documents are presented, send for scanning to Advance Directives Registry.