NEWTON-WELLESLEY HOSPITAL

Ambulatory Services
Patient Assessment

What is your Primary language: _____

Do you have any spiritual or cultural practices that you would like us to include in your care today? No Yes

Have you had a significant unexplained weight change (>15 pounds) in the last 3 months? No Yes

Have you had any difficulty caring for yourself at home over the last 3 months? No Yes

Do you smoke? If yes how much? _____ No Yes

Do you drink more than two alcoholic beverages per day on a DAILY basis No Yes

Do you use street drugs/narcotics? If yes, please explain: _____ No Yes

Is anyone in your personal life hurting you or making you feel unsafe? No Yes

Fall Risk Assessment

Have you fallen in the last (6) months (not a slip or a trip)? No Yes

Are you feeling weak, dizzy, or lightheaded today? No Yes

Do you need help to walk or change your clothes? No Yes

Have you ever experienced lightheadedness or dizziness before or after having your blood drawn or having an IV started? No Yes

Learning Needs Assessment

Any treatment or instructions we give to you will be written out and reviewed with you by one of our staff. Do you have any trouble understanding written or verbal instructions? No Yes

Pain Assessment

How do you rate your tolerance to pain? Low Average High

Do you have any pain now? No Yes

Where is your pain located? _____

Describe your pain: Constant Comes and Goes (Intermittent)

On a scale of 0 to 10 with 0 being no pain and 10 being the highest rate your pain now _____

Have you received information regarding our safety and infection prevention/control measures at NWH? No Yes