

# Health Care Team Report



Visit Date	Height	Weight	BMI
11/17/2013	5 ft. 6 in.	192 pounds	31

## **Patient's Assessment Results**

	Patient's Score	Level of Concern	Ready to
Overall Health Rating	Good		Channe?
Body Mass Index	31	<b>(1)</b>	√ ☆
Health Behaviors			
Fruit/Vegetable Intake	Less than 2/day	<b>(1)</b>	✓
Fast Food Intake	4+ times/week	<b>(1)</b>	✓
Soda/Sugary Beverage Intake	3+/day	<b>(1)</b>	
Physical Activity Participation	15 minutes/week	0	
Sleep	Rarely sleepy		
Alcohol Intake	1 to 3 times	<b>(1)</b>	
AUDIT-C Assessment Score	7		
Tobacco use	No		
Illegal Drug/Prescription Use	Never misused		
Mental Health			
Stress (0 to 10; none to severe)	9	<b>(i)</b>	✓
Anxiety/Worry	Nearly every day	<b>(1)</b>	<b>~</b>
GAD7 Assessment Score	15		
Depression	Not at all/rarely		

= Most important to patient	
Patient Reports Interest in Discussing	
■ BMI	
<ul> <li>Fruits/Vegetables Intake</li> </ul>	
<ul> <li>Alcohol Intake</li> </ul>	
- Strees	

### **Recommendations Patient Received**

#### **High Priority**

Anxiety/Worry

- Obesity can lead to a numbber of health problems.
   Increase physical activity and/or limit the unhealthy food you eat to reduce your weight.
- Decrease your fast food meals or snacks to less than one per week.
- Increase fruits and vegetables to 5 or more servings per day.
- Decrease your soda or sugary beverage consumption to less than 1 per day.
- Increase your physical activty with the goal of being activefor 150 minutes total per week.
   You reported feeling stressed often. Discuss ways to
- reduce your stress.

  You said that you feel nervous, anxious, on edge or unable to stop or control worrying nearly every day.
- Discuss your anxiety.

  You answers suggest you drink too much alcohol which is bad for your health. You shoud not drink more than 4-5 drinks in one day.

Additional Notes:		

## Responses to Follow-up Questions

## **AUDIT-C Assessment Questions**

How many times in the <u>past year</u> have you had 4-5 or more drinks in a day? 1-3 times

- ii. How many standard drinks containing alcohol do you have on a typical day? 3 or 4
- iii. How often do you have six or more drinks on one occasion? Less than monthly

## GAD7 Questions

- a. Feeling nervous, anxious, or on edge Nearly every day
- b. Not being able to stop or control worrying More days than not
- i. Worrying too much about different things
- ii. Trouble relaxing More days than not
- iii. Being restless that it?s hard to sit still More days than not
- iv. Becoming easily annoyed or irritable Over half the days
- v. Feeling afraid as if something awful might happen Several days