1095 N. 1st Avenue, Stayton, OR 97383
P (503)767-3226 F (503)767-3227

Thank you for choosing Canyon Family Health for your primary care!

There are a few things we would like you to know about the clinic:

➢ Clinic hours are Monday—Friday from 7 AM – 5:00 PM. After hours triaging is shared with Santiam Hospital. If you have an urgent after-hours medical concern, please call the clinic to be transferred to a triage nurse. Please note, on-call providers will not be able to prescribe medication refills.

➢ All true emergencies should be transported via ambulance (911) to the nearest hospital. Call the clinic for after-hours triage for any other urgent concerns rather than having an expensive and unnecessary emergency room visit.

➢ We reserve time daily for acute visits such as coughs and sports injuries. Our staff is skilled at assessing the need to use these appointments. Please call us first before seeking the emergency room or urgent care.

➢ It is your responsibility to verify with your insurance regarding coverage of appointments and any services provided. If your insurance does not cover a service, the cost will be your responsibility to pay.

➢ State law now requires that your are assigned to a primary care provider. Please call your insurance and verify that you are assigned to a Canyon Family Health Provider before your first appointment. It's possible your visit will not be covered if you are not assigned to us and the balance will be your responsibility.

➢ Verbal and physical aggression displayed towards any staff member will result in immediate termination of the relationship with Canyon Family Health. Yelling, cursing, name-calling, insulting, and pretending to hit or kick a staff member will not be tolerated. Any unwanted physical contact will result in immediate termination with possible charges filed.

➢ The patient portal is a GREAT way to communicate with us. You can download the app, called "athenaPatient" or log-in through our website. Please allow up to 48 business hours for a message response. If it is more urgent, please call the clinic directly. All non-emergent medical triage calls will be returned within 48-business hours.

➢ The patient portal is also a great way to view your medical history. You can log-on and download any part of your medical record to share with other providers or keep for your own records.

➢ Refill requests should be made seven days prior to needing the medication so we can guarantee it is completed on time.

➢ We are not providing opioid medication for chronic conditions. If you need chronic opioid medications, we will refer you to pain management to have these prescriptions filled.

➢ Most lab and imaging results will be made available through the patient portal within 48 business hours. Specialty labs may take longer. If there is a need for follow up on an abnormal lab or imaging result, we will call you directly.

➢ To continue to receive refills, office visits need to be completed at least annually. If you do not have any new concerns, the annual preventive/wellness exam is a great way to touch base. If we have not seen you in at least 2 years, we will consider you to be inactive and you will need to reestablish care.

➢ We have a “no-show” policy. No-show means that the patient either did not cancel the appointment at least two hours before the scheduled time or the patient was late to their appointment time. If you arrive late, it will be staff discretion on completing the appointment. Two no-show appointments will result in being dismissed from the clinic.

➢ To provide patients and families an opportunity to express concerns about their care, we ask that these are expressed to management either verbally or written. Our goal is to provide high-quality, compassionate care. Often, problems are a result of a misunderstanding that can be addressed with good communication.

➢ Payment is due at time of service. It is considered insurance fraud if we do not collect balances. If you are having financial difficulties or have any billing questions, please message us through the portal or to info@canyonfamilyhealth.com for help. Crystal, our office manager, will be happy to work with you. Outstanding balances can be viewed on the portal.

We look forward to working with you!

Sincerely,
Your Friends at Canyon Family Health

CANYON FAMILY HEALTH

Health Questionnaire

All questions in this document are strictly confidential and will become part of your medical record.

Name (Last, First, MI):		
Date of Birth:		
For Minors: Name of Guardian:		
Address:		
Phone:	Email:	
Do you have a preference on who your primary provider will be? Maria Fife, DNP, FNP-C	Andie (Amanda) Gildersleeve, FNP-C	Doesn't Matter
Assigned Sex at Birth:	Gender Identity:	
Preferred Pronouns:		
Previous Primary Care Provider:		
How did you hear about us?		
Preferred Pharmacy:		
Preferred Lab:	Santiam Hospital	or other:_____
Preferred Imaging Facility:	Santiam Hospital	or other:_____
Names/types of any specialists followed:		

Primary Health Insurance Carrier	Policy Number	Group Number
Policy Holder	Policy Holder's DOB	
Secondary Health Insurance Carrier	Policy Number	Group Number
Policy Holder	Policy Holder's DOB	

CANYON
FAMILY HEALTH

Emergency Contact Name	Relationship	Phone Number

Allergies	Reaction You Had

List any health problems you have now or had in the past

List your prescribed medications and any over-the-counter (OTC) medications or supplements taken.		
Medication or Supplement	Dose	Frequency Taken

CANYON
FAMILY HEALTH

Surgical and Hospitalization History		
Year (best estimate)	Reason	Location

List any significant health problems of your family members
Father:
Mother:
Siblings:
Children:
Paternal Grandfather:
Paternal Grandmother:
Maternal Grandfather:
Maternal Grandmother:

Social History (circle best responses or write response)
What type of diet are you following? REGULAR VEGETARIAN VEGAN DIABETIC GLUTEN FREE CARBOHYDRATE CARDIAC KIDNEY
What is your exercise level? NONE OCCASIONAL MODERATE HEAVY
What is the high grade level or degree completed?
Are you currently employed? YES NO
Are you able to care for yourself? YES NO
What is your dominant hand? LEFT RIGHT AMBIDEXTROUS
Do you have smoke and carbon monoxide detectors in your home? YES NO
Do you have an advanced directive? YES NO

Is a blood transfusion acceptable in an emergency? YES NO
What is your relationship status? MARRIED SINGLE DIVORCED WIDOWED DOMESTIC PARTNER
Are you sexually active? YES NO
How many children do you have?
Do you participate in social media? YES NO
What is your level of alcohol consumption? NONE OCCASIONAL MODERATE HEAVY
Do you use any recreational or illicit drugs? YES NO
What is your level of caffeine consumption? NONE OCCASIONAL MODERATE HEAVY

Smoking History
Are you exposed to passive smoking (does someone smoke around you)? YES NO
Are there any smokers in your home? YES NO
Do you smoke or have you ever smoked tobacco? NEVER FORMER (how long ago?_____) CURRENT EVERYDAY SMOKER CURRENT SOME DAYS SMOKER
Do you or have you ever used any other forms of tobacco or nicotine? YES NO
Do you or have you ever used e-cigarettes or vape? NEVER FORMER CURRENT
Do you or have you ever used smokeless tobacco? NEVER FORMER CURRENT TOBACCO CHEWER CURRENT SNUFF USER CURRENT MOIST POWDER TOBACCO

Gynecological History (Females only)
Age of first menstrual cycle:
Date of last menstrual cycle: DEFINITE APPROXIMATE
Menses monthly? YES NO
Date of last Pap smear?
History of abnormal Pap smear? YES NO
Current contraceptive method: PILL PATCH RING HORMONAL IUD COPPER IUD ARM IMPLANT PARTNER VASECTOMY DEPO-PROVERA HYSTERECTOMY TUBAL LIGATION CONDOMS ABSTINENCE OTHER_____
History of Sexually Transmitted Infections?
Age of first pregnancy/child:
If post-menopausal, age of menopause:

CANYON FAMILY HEALTH

Obstetric History:

Total Pregnancies	Total Full Term Births	Total Premature Births
Total Abortions Induced	Total Abortions Spontaneous	Ectopic Pregnancies
Multiple Births	Number of Children Still Living	

Are you here seeking buprenorphine treatment (MAT) for opioid use disorder? YES NO

Is the opioid used heroin (smoke or injection)? YES NO

****We are unable to initiate treatment for those currently using heroin.****

Circle if you have, or have had, any of the following medical issues

ADD/ADHD	AIDS/HIV	ABUSE/DOMESTIC VIOLENCE	ALLERGIES/ HAYFEVER	ANEMIA
ANESTHESIA COMPLICATIONS	ANXIETY DISORDER	ARTHRITIS	ASTHMA	AUTISM SPECTRUM DISORDER
BEDWETTING	BIRTH DEFECTS	INHERITED DISEASE	BLADDER OR KIDNEY PROBLEMS	BLOOD TRANSFUSION
BREAST CANCER	BREAST PROBLEMS	COPD	CANCER	CHICKEN POX
CHRONIC EAR INFECTIONS	CONGESTIVE HEART FAILURE	CONSTIPATION	CORONARY ARTERY DISEASE	DEPRESSION
DEVELOPMENTAL OR BEHAVIOR DISORDERS	DIABETES	DIFFICULTY SWALLOWING	DIVERTICULITIS	EATING DISORDER
ECZEMA	ENDOMETRIOSIS	FIBROMYALGIA	GASTROINTESTINAL PROBLEMS	GOUT
HEADACHES	HEART DISEASE	HEART PROBLEMS	HEPATITIS	HIGH CHOLESTEROL
HOSPITALIZATIONS	HYPERTENSION	HYPERTHYROIDISM	HYPOTHYROIDISM	INFERTILITY
KIDNEY DISEASE	KIDNEY STONES	LIVER DISEASE	LUNG DISEASE	MRSA
MENIERE'S DISEASE	MENTAL HEALTH DISORDER	MUSCLE. JOINT OR BONE PROBLEMS	OBESITY	OSTEOPOROSIS
OVARIAN CANCER	POLYPS	PREECLAMPSIA	PULMONARY EMBOLISM	REFLUX/GERD
SEIZURE/ EPILEPSY	SKIN PROBLEMS	STROKE	THROMBOPHILIAS	THYROID PROBLEMS
TUBERCULOSIS	VARICOSE VEINS	VISION OR EYE PROBLEMS	OTHER:	

CANYON
FAMILY HEALTH

Please read the following statement:

I understand that Canyon Family Health will not prescribe chronic opioid medication (ex: Vicodin, oxycodone, tramadol, etc) for management of chronic pain. If I need these services, I will be referred to pain management. Members of Canyon Family Health will collaborate with the pain management specialists to optimize my treatment outcomes.

Please write yes and initial if you agree: _____

Thank you for taking your time to complete this packet before your first visit.
When you are done, you can drop it off, fax it to (503)767-3227
or email it to info@canyonfamilyhealth.com.
Once we receive your completed questionnaire, we will call to schedule an appointment.

Brief health screen

We ask all our adult patients about substance use and mood because these factors can affect your health. Please ask your doctor if you have any questions. Your answers on this form will remain confidential.

_____

_____

Alcohol: One drink =  12 oz. beer  5 oz. wine  1.5 oz. liquor (one shot)

	None	1 or more
MEN: How many times in the past year have you had 5 or more drinks in a day?	○	○
WOMEN: How many times in the past year have you had 4 or more drinks in a day?	○	○

Drugs: Recreational drugs include methamphetamines (speed, crystal) cannabis (marijuana, pot), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin).

	None	1 or more
How many times in the past year have you used a recreational drug or used a prescription medication for non-medical reasons?	○	○

Mood:	No	Yes
During the past two weeks, have you been bothered by little interest or pleasure in doing things?	○	○
During the past two weeks, have you been bothered by feeling down, depressed, or hopeless?	○	○

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AMERICAN ACADEMY OF FAMILY PHYSICIANS

Social Needs Screening Tool

HOUSING

1. Are you worried or concerned that in the next two months you may not have stable housing that you own, rent, or stay in as a part of a household?[1]
   - ☐ Yes
   - ☐ No

2. Think about the place you live. Do you have problems with any of the following? (check all that apply)[2]
   - ☐ Bug infestation
   - ☐ Mold
   - ☐ Lead paint or pipes
   - ☐ Inadequate heat
   - ☐ Oven or stove not working
   - ☐ No or not working smoke detectors
   - ☐ Water leaks
   - ☐ None of the above

FOOD

3. Within the past 12 months, you worried that your food would run out before you got money to buy more.[3]
   - ☐ Often true
   - ☐ Sometimes true
   - ☐ Never true

4. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.[3]
   - ☐ Often true
   - ☐ Sometimes true
   - ☐ Never true

TRANSPORTATION

5. Do you put off or neglect going to the doctor because of distance or transportation?[1]
   - ☐ Yes
   - ☐ No

UTILITIES

6. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?[4]
   - ☐ Yes
   - ☐ No
   - ☐ Already shut off

CHILD CARE

7. Do problems getting child care make it difficult for you to work or study?[5]
   - ☐ Yes
   - ☐ No

EMPLOYMENT

8. Do you have a job?[6]
   - ☐ Yes
   - ☐ No

EDUCATION

9. Do you have a high school degree?[6]
   - ☐ Yes
   - ☐ No

FINANCES

10. How often does this describe you? I don't have enough money to pay my bills:[7]
    - ☐ Never
    - ☐ Rarely
    - ☐ Sometimes
    - ☐ Often
    - ☐ Always

PERSONAL SAFETY

11. How often does anyone, including family, physically hurt you?[8]
    - ☐ Never (1)
    - ☐ Rarely (2)
    - ☐ Sometimes (3)
    - ☐ Fairly often (4)
    - ☐ Frequently (5)

12. How often does anyone, including family, insult or talk down to you?[8]
    - ☐ Never (1)
    - ☐ Rarely (2)
    - ☐ Sometimes (3)
    - ☐ Fairly often (4)
    - ☐ Frequently (5)

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13. How often does anyone, including family, threaten you with harm?[8]
    - ☐ Never (1)
    - ☐ Rarely (2)
    - ☐ Sometimes (3)
    - ☐ Fairly often (4)
    - ☐ Frequently (5)

14. How often does anyone, including family, scream or curse at you?[8]
    - ☐ Never (1)
    - ☐ Rarely (2)
    - ☐ Sometimes (3)
    - ☐ Fairly often (4)
    - ☐ Frequently (5)

ASSISTANCE

15. Would you like help with any of these needs?
    - ☐ Yes
    - ☐ No

SCORING INSTRUCTIONS:

For the housing, food, transportation, utilities, child care, employment, education, and finances questions: Underlined answers indicate a positive response for a social need for that category.

For the personal safety questions: A value greater than 10, when the numerical values are summed for answers to these questions, indicates a positive response for a social need for personal safety.

Sum of questions 11–14: _____
Greater than 10 equals positive screen for personal safety.

REFERENCES

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4. Cook JT, Frank DA, Casey PH, et al. A brief indicator of household energy security: associations with food security, child health, and child development in US infants and toddlers. *Pediatrics.* 2008;122(4):e867-e875.
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7. Aldana SG, Liljenquist W. Validity and reliability of a financial strain survey. *J Financ Couns Plan.* 1998;9(2):11-19.
8. Sherin KM, Sinacore JM, Li XQ, Zitter RE, Shakil A. HITS: a short domestic violence screening tool for use in a family practice setting. *Fam Med.* 1998;30(7):508-512.

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Request for Records
(Please do not send records by CD)

Patient's Name: _____
Date of Birth: _____

I authorize the release of my medical records for continuity of care from:
Previous clinic/Provider
name:_____
Address:_____
_____
___ Phone:_____ Fax:_____

Please forward to CANYON FAMILY HEALTH 1095 N 1ST ST STAYTON, OR 97383-1203 Phone: (503) 767-3226 Fax: 503-767-3227
***No expiration date on this request unless otherwise specified:**
Dates to: _____ from: _____

Information to be included
****Please initial the following:**
___Chart notes and Medication List
___Mental Health diagnosis and assessment (no chart notes)
___Drug/Alcohol Treatment
___Other (Please Specify) _____

Patient Signature: _____
Date:_____