



HEALTH HISTORY QUESTIONNAIRE

Name: _____ DOB: _____ Today's Date: _____ MR#: _____

Chronic Health Problems/Past Medical History: (Circle all that you are currently followed for)

- High Blood Pressure High Cholesterol Stroke Heart Attack
Heart Failure Irregular Heartbeat Emphysema/COPD Asthma
Diabetes Reflux/Heartburn Stomach ulcers Headaches
Anemia Painful Menses Menopause Seizures
Osteoporosis Sinusitis Allergies Arthritis
Depression Anxiety Enlarged Prostate Erectile Dysfunction
Glaucoma Cancer Sleep Disorders Other_____

Medications and Doses: (Please list all including vitamins and herbal therapies)

Drug Allergies Reaction Experienced Approximate Date

Family Health History: (Please mark significant health problems and relationship to patient)

High Blood Pressure _____ Heart Disease _____ Diabetes _____
Stroke _____ Cancer _____ Other _____

Social History: Do you smoke? __Yes __No If so, how much? ___ pack(s) per day ___ years
Do you drink alcohol? __Yes __No If so, how much? __seldom __drinks/week __drinks /day
Have you ever used drugs (ie. cocaine, marijuana, etc.) __Yes __No

Surgeries (list with date of service)_____

Hospitalizations: (Other than surgeries listed, include date and reason for hospitalization)

Immunizations: Last Tetanus _____ Last Flu Shot _____ Pneumonia Vaccine _____

ROS: Do you or have you had persistent problems with the following? (Please circle)

- GENERAL: Fever, Chills, Body aches, Weight loss, Other_____
SKIN: Rash, Changes in Hair or Nails, Ulcers, Other_____
HEMATOPOETIC: Excessive Bleeding, Anemia, Enlarge Lymph Nodes, Other_____
HEENT: Headache, Blurred Vision, Earache, Sinus Problems
RESPIRATORY: Cough, Shortness of Breath, Wheezing, Snoring, Other_____
CV: Chest pain, Rapid Heartbeat, Swelling of Legs, Other_____
GI: Abdominal pain, Nausea/Vomiting, Heartburn, Constipation/Diarrhea, Other_____
URINARY TRACT: Kidney/Urinary Infections, Kidney Stones, STDs, Other_____
NEURO: Numbness/Tingling, Weakness, Fainting, Seizures, Other_____
MUSCULOSKELETAL: Back pain, Muscle Weakness, Joint Pain, Other_____
PSYCH: Depression, Anxiety, Memory Loss, Suicidal Thoughts, Other_____