

**HEALTH QUESTIONNAIRE**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

**Medications:** Please list any medications that you are currently taking (including non-prescription)

_____	_____	_____
_____	_____	_____
_____	_____	_____

**Allergies:** Please list any allergies to medications or food \_\_\_\_\_

\_\_\_\_\_

**Medical History**

**Illnesses/Conditions**

**Surgical Procedures/Hospitalizations**

Do you have or have you ever had any of the following:

\_\_\_\_\_

Anemia

High Cholesterol

\_\_\_\_\_

Anxiety

Kidney Disease

\_\_\_\_\_

Arthritis

Liver Disease

\_\_\_\_\_

Asthma

Migraine Headaches

\_\_\_\_\_

Birth defects

Osteoporosis

\_\_\_\_\_

Cancer

Pneumonia

\_\_\_\_\_

Colitis

Rheumatic Fever

\_\_\_\_\_

Concussion

Seizure Disorder

\_\_\_\_\_

Depression

STD

Diabetes

Stroke

**Gynecological History (women only)**

Eczema/Psoriasis

Thyroid Disorder

Are you pregnant? Yes No

Emphysema

Tuberculosis

Are you breast feeding? Yes No

Gallbladder Disease

Ulcer

Last menstrual period \_\_\_\_\_

Heart Attack/Heart Disease

Last PAP Smear \_\_\_\_\_

High Blood Pressure

Other

How many children do you have? \_\_\_\_\_

**Family History:**

Has any blood relative ever had any of the following?

Asthma \_\_\_\_\_

Bleeding Problems \_\_\_\_\_

Cancer \_\_\_\_\_

Diabetes \_\_\_\_\_

Hypertension \_\_\_\_\_

Heart Attack \_\_\_\_\_

Seizures \_\_\_\_\_

Stroke \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Health Maintenance**

List Most Recent

\_\_\_\_ Blood Test                      \_\_\_\_ Tetanus Shot

\_\_\_\_ EKG                                      \_\_\_\_ Flu Shot

\_\_\_\_ Mammogram                      \_\_\_\_ Pneumonia Vaccine

\_\_\_\_ Prostate Exam                      \_\_\_\_ Shingles Vaccine

\_\_\_\_ Colonoscopy                      \_\_\_\_ HPV Vaccine

**Social History**

Marital Status? Single Married Divorce Widow Partner

Are you employed? Yes No

Tobacco use Yes No

Illegal Drugs Yes No

Alcohol Use Yes No

Do you exercise? Yes No