# HEALTH QUESTIONAIRE

**NAME:** **HEIGHT:** **WEIGHT:** **TODAY'S DATE:**

## CURRENT MEDICAL HISTORY

HAVE THERE BEEN ANY CHANGES IN YOUR MEDICAL CONDITION WITHIN THE LAST SIX MONTHS? (OR HAVE YOU BEEN TREATED FOR A MEDICAL CONDITION WITHIN THE LAST YEAR? □ YES □ NO

IF YES, WHAT WERE THOSE CONDITIONS? _____.

HAVE YOU BEEN HOSPITALIZED WITHIN THE LAST YEAR? □ YES □ NO

IF YES, FOR WHAT? _____.

HAVE YOU HAD ANY SURGERY IN THE PAST YEAR? □ YES □ NO

IF YES, FOR WHAT? _____.

ALCOHOL: SOCIAL DRINKER □ HEAVY DRINKER □ OCCASIONAL □ NEVER □ (PLEASE CHECK ONE)

TOBACCO (SMOKE OR CHEW): NUMBER OF PACKS PER DAY _____ IF QUIT, HOW LONG? _____.

CAFFEINE: □ YES □ NO If yes, how much _____.

RECREATIONAL DRUG USAGE: □ YES □ NO If yes, which/how much _____.

## ALLERGIES AND SENSITIVITIES – HAVE YOU EXPERIENCED ANY REACTION FOLLOWING THE ADMINISTRATION OF/ PLEASE LIST REACTION:

**NO KNOW DRUG ALLERGIES** □

| | YES | NO | DON'T KNOW |
|---|---|---|---|
| LOCAL ANESTHETICS | □ | □ | □ |
| PENICILLIN | □ | □ | □ |
| KELFLEX | □ | □ | □ |
| ERYTHROMYCIN | □ | □ | □ |
| OTHER ANTIBIOTIC | □ | □ | □ |
| SULFA DRUGS | □ | □ | □ |
| MORPHINE | □ | □ | □ |
| CODEINE | □ | □ | □ |
| DEMEROL | □ | □ | □ |
| OTHER NARCOTICS (List) | □ | □ | □ |
| ASPIRIN | □ | □ | □ |
| EMPIRIN | □ | □ | □ |
| OTHER PAIN REMEDIES | □ | □ | □ |
| NSAIDs (Ibuprofen etc., list) | □ | □ | □ |
| TETANUS ANTITOXIN OR OTHER SERUMS | □ | □ | □ |
| ADHESIVE TAPE OR SURGICAL TAPE | □ | □ | □ |
| ANY FOODS (i.e. EGGS, MILK, CHOCOLATE, ETC.) | □ | □ | □ |
| LATEX | □ | □ | □ |

## MEDICATIONS: (Please list any medications or supplements that you take REGULARLY, with dose/frequency.)

1. _____.
2. _____.
3. _____.
4. _____.
5. _____.
6. _____.
7. _____.
8. _____.
9. _____.
10. _____.

**REVIEW OF SYSTEMS:** Have you experienced any of the following in the last few weeks or months?
Please check the complaint and detail below. If you have no complaints in a category, please circle: **NONE**

***General:***
- ☐ Fever
- ☐ Chill
- ☐ Sweats
- ☐ Fatigue
- ☐ Difficulty sleeping
- ☐ Weight loss
- ☐ Weight gain

***Gastrointestinal:***
- ☐ Nausea
- ☐ Vomiting
- ☐ Constipation
- ☐ Loose Stools
- ☐ Blood in Stools
- ☐ Abdominal Pain

***Endocrine:***
- ☐ Fatigue
- ☐ Hyperactivity
- ☐ Excessive Thirst

***Musculoskeletal:***
- ☐ Back Pain
- ☐ Joint Pain
- ☐ Joint Swelling
- ☐ Muscle Cramps
- ☐ Muscle Weakness
- ☐ Stiffness

***Cardiovascular:***
- ☐ Chest Pains
- ☐ Fainting
- ☐ Leg Swelling
- ☐ Shortness of Breath
- ☐ Murmur

***Skin:***
- ☐ Open Sores
- ☐ Boils
- ☐ Wound Breakdown
- ☐ Tender Spots
- ☐ Rash

***Heme/Lymphatic:***
- ☐ Bruising
- ☐ Bleeding
- ☐ Lymph Node Swelling

***Respiratory:***
- ☐ Cough
- ☐ Cold
- ☐ Wheezing
- ☐ Painful Breathing
- ☐ Tuberculosis

***Psychiatric:***
- ☐ Depression
- ☐ Anxiety
- ☐ Memory Loss
- ☐ Mood Swings

***Neurologic:***
- ☐ Weakness
- ☐ Numbness
- ☐ Paralysis
- ☐ Loss of Consciousness
- ☐ Headache
- ☐ Tremor
- ☐ Slurred Speech

***Allergic/Immunologic:***
- ☐ Hives
- ☐ Persistent Infections
- ☐ HIV Exposure
- ☐ Past Blood Transfusion

***Eyes/Ears/Nose/Throat:***
- ☐ Glasses
- ☐ Contacts
- ☐ Double Vision
- ☐ Impaired Hearing
- ☐ Nosebleeds
- ☐ Sneezing
- ☐ Runny Nose
- ☐ Dentures
- ☐ Dizziness

***Genitourinary:***
- ☐ Urine Incontinence
- ☐ Urinary Frequency
- ☐ Blood in Urine

**Previous Problems:**
- ☐ Anemia
- ☐ Arthritis
- ☐ Asthma
- ☐ Depression
- ☐ Diabetes, Mellitus
- ☐ Esophageal
- ☐ Gout
- ☐ Heart Disease
- ☐ Hepatitis
- ☐ Hiatal hernia
- ☐ Hypercholesterolemia
- ☐ Hypertension
- ☐ Kidney Disease
- ☐ Liver Disorder
- ☐ Osteoarthritis
- ☐ Stroke
- ☐ Thyroid Disorder
- ☐ Tuberculosis
- ☐ Pneumonia

**Pregnancy- Estimated Due Date:** _____.

**Other:** _____.
_____.
_____.

**Family Medical History: If any relatives have had any please advise which specific relative.**

| | |
|---|---|
| ☐ **Patient denies any significant Family History** | ☐ **High Cholesterol** |
| ☐ **Anesthesia/Surgical Complications** | ☐ **Muscle Dystrophy** |
| ☐ **Asthma/Breathing Complications** | ☐ **Osteoarthritis** |
| ☐ **Bleeding Disorders** | ☐ **Rheumatoid Arthritis** |
| ☐ **Blood Clot/Phlebitis** | ☐ **Strokes/transient Ischemic Attacks (TIA)** |
| ☐ **Cancer** | ☐ **Thyroid Disease** |
| ☐ **Connective Tissue Disorder** | |
| ☐ **COPD Chronic Obstruction Pulmonary Disease** | |
| ☐ **Diabetes** | |
| ☐ **Gout** | |
| ☐ **Heart Disease/Heart Attack/Chest Pain** | |
| ☐ **Hepatitis/Liver Disease** | |
| ☐ **High Blood Pressure** | |