

MEDICAL HISTORY QUESTIONNAIRE: PLEASE ANSWER ALL QUESTIONS & PRINT LEGIBLY

NAME _____ AGE _____ DATE _____

WHY ARE YOU SEEING THE DOCTOR TODAY? _____

PAST PERSONAL MEDICAL HISTORY (PLEASE CIRCLE):

ACID REFLUX ASTHMA BLOOD TRANSFUSION CANCER COPD CORONARY ARTERY DISEASE DEPRESSION DIABETES
ECZEMA HEART MURMUR HEART ATTACK HIGH BLOOD PRESSURE HIGH CHOLESTEROL
HUMAN IMMUNODEFICIENCY VIRUS (HIV) KIDNEY FAILURE LIVER DISEASE (HEPATITIS) PROBLEMS WITH ANESTHESIA
SLEEP APNEA STOMACH ULCER STROKE THYROID DISORDER VERTIGO
OTHER _____

MEDICATIONS? YOU ARE CURRENTLY TAKING (INCLUDING OVER THE COUNTER OR HERBAL)

MEDICATION ALLERGY? NO _____ YES _____ LIST _____

SURGERY? NO _____ YES _____ LIST _____

FAMILY HISTORY (PLEASE CIRCLE) AND LIST WHICH FAMILY MEMBER:

ALLERGIES _____ ASTHMA _____ DIABETES _____ EAR TUBES _____ FREE BLEEDING _____
HEAD/NECK CANCER _____ HEARING LOSS _____ HEART DISEASE _____ HIGH BLOOD PRESSURE _____
PROBLEMS WITH ANESTHESIA _____ THYROID PROBLEMS _____

SOCIAL HISTORY?

DO YOU SMOKE OR USE CHEWING TOBACCO (CIRCLE WHICH) NO _____ QUIT _____ YEARS AGO
YES _____ LIST PACKS _____ PER DAY; FOR _____ YEARS

DO YOU DRINK ALCOHOL? NO _____ YES _____ LIST NUMBER OF DRINKS DAILY _____

OCCUPATION: _____ MARITAL STATUS (PLEASE CIRCLE): S M D W

ARE YOU OR COULD YOU BE PREGNANT? NO ___ YES ___ **NAME OF REFERRING DOCTOR:

ADDITIONAL PERSONAL SYMPTOMS (PLEASE CIRCLE):

GENERAL: FATIGUE FEVER CHILLS NIGHT SWEATS WEIGHT LOSS WEIGHT GAIN
EYES: CHANGE IN VISION REDNESS DRYNESS BURNING WATERY/ITCHY
HEAD/NECK: HEADACHES DENTAL PAIN NECK STIFFNESS EAR PAIN DECREASED SENSE OF SMELL SNORING DRY
MOUTH
CARDIAC: CHEST PAIN IRREGULAR HEART BEAT FAINTING
LUNG: SHORTNESS OF BREATH COUGH HOARSENESS
GI: NAUSEA VOMITING HEARTBURN TROUBLE SWALLOWING
SKIN: RASH HIVES
NEUROLOGIC: TINGLING OR NUMBNESS SEIZURE DEVELOPMENTAL DELAY DIZZINESS/VERTIGO
MUSCLE/JOINT: JOINT PAIN MUSCLE CRAMPS
ENDOCRINE: LOSS OF HAIR CONSTIPATION COLD INTOLERANCE HEAT INTOLERANCE
PSYCHIATRIC: DEPRESSION DIFFICULTY SLEEPING
HEMATOLOGY: EASY BRUISING FREE BLEEDING