

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