Medical History Questionnaire

Circle all applicable medical conditions

Y N

❑ ❑ **Constitutional**: fever, sweats, chills, shakes, unexpected weight loss, fatigue, cancer, other _____

_____

❑ ❑ **Visual**: glaucoma, cataracts, double vision, other _____

❑ ❑ **Ear, Nose and Throat**: (*other than what you are being seen for today*) _____

❑ ❑ **Cardiovascular**: chest pain, heart attack, high blood pressure, valve problems, exercise intolerance, cholesterol, other _____

❑ ❑ **Respiratory**: asthma, emphysema, shortness of breath, TB, other _____

❑ ❑ **Gastrointestinal**: acid reflux, ulcers, hepatitis, gallstones, bowel obstruction, constipation, diarrhea, blood in the stool, other _____

❑ ❑ **Genitourinary**: burning/difficulty urinating, blood in the urine, stones, other _____

❑ ❑ **Musculoskeletal**: polio, broken bones, other _____

❑ ❑ **Skin**: skin cancers, changing pigmented areas, rash, other _____

❑ ❑ **Neurologic**: strokes, seizures, migraines, numbness, tingling, , other _____

_____

❑ ❑ **Psychiatric**: depression, bipolar disorder, anxiety, insomnia, other _____

❑ ❑ **Endocrine**: diabetes, pituitary, thyroid, steroid usage, other _____

❑ ❑ **Hematologic**: easy bleeding/bruising, platelet problems, hemophilia, other _____

❑ ❑ **Previous surgeries**: (type and date): _____

_____

❑ ❑ **Major Medical**: chemotherapy, radiation treatments, other _____

➢ **Family history** (circle): Father Alive & Well Age: ___ Deceased (cause): _____

Mother Alive & Well Age: ___ Deceased (cause): _____

Siblings: _____

❑ ❑ **Allergic problems**: hives, rash, food, environmental, latex, other _____

❑ ❑ **Current medications** (please list): _____

❑ ❑ **Medical allergies** (please list): _____

Do you…use **tobacco**? Y / N / Quit, ___ average packs/day, for how many years? _____ use **recreational drugs**? Y / N

drink **alcohol**? Y / N, how much? _____ drink **coffee/tea/sodas**? Y / N , how much? _____

May we have permission to leave messages on your cell-phone, home answering machine and/or personal voice mail? Y / N

Name (please print): _____ Date: _____

Reviewed (initials, date)…