# Health Questionnaire

Name ______________________________________ Date________________

Medications you are currently taking

______________ _______________ _______________ _______________

_______________ _______________ _______________ _______________

Allergies to medications

_______________

Surgeries you have had

_______________ _______________ _______________

_______________ _______________ _______________

Health conditions you have

_______________ _______________ _______________

_______________ _______________ _______________

Do you smoke?

Not anymore (year stopped __________)

No

Yes (Packs/day _____ Year started_____)

Recent travel?

Yes(Destination:__________________________________________________________)

No

**<u>Information about your family history</u>**

Mother

Living?

Yes No(age at death _________, cause of death _________)

List health problems:

Father

Living?

Yes No(age at death _________, cause of death _________)

List health problems:

Siblings

Age(s):

List health problems:

Children

Age(s):

# Do you have any of the following symptoms? (circle if yes)

Patients Name: ___________________________ Date: _________________________

General
- Fever
- Chills
- Weight Loss
- Wake up choking at night
- Snoring

Eyes
- Double vision
- Sudden visual changes

Ears
- Ringing (right,left,both)
- Pain (right,left,both)
- Draining (right,left,both)
- Hearing loss (right,left,both)

Throat
- Sore throat

Cardiovascular
- Chest pain
- Palpitations
- Fainting

Respiratory
- Shortness of breath
- Cough
- Wheezing

Gastrointestinal
- Nausea
- Vomiting
- Diarrhea
- Black/tarry stool
- Severe abdominal
- Trouble swallowing

Genitourinary
- Pain with urination
- Urgent need to urinate
- Frequent urination
- Wake up>once per night to urinate

Musculoskeletal
- Painful joints
- Neck pain
- Back Pain
- Bone pain

Endocrine
- Thyroid problems
- Sugar in urine

Hematological
- Easy bruising
- Anemia
- Swollen glands
- Blood transfusion

Allergy/Immune system
- Hay fever
- Stuffed up nose
- Itchy or watery eyes

Psychiatric
- Depression
- Anxiety

Neurological
- Fainting
- Dizziness
- Headache
- Balance problems
- Seizures

Skin
- Rash
- Itchiness

Any other specific concerns about your health?