

HEALTH QUESTIONNAIRE

Name: _____ Referred by: _____ Date: 2
 Birthdate: _____ Age: _____ Occupation: _____ Surgery Date: _____
 Do you smoke: _____ How much? _____ Alcohol use? _____

List all medications you are currently taking: _____

HAVE YOU TAKEN ANY ASPIRIN IN THE LAST TWO WEEKS? YES () NO ()

ALLERGIES:

	YES	NO	EFFECT		YES	NO	EFFECT
Penicillin.....	()	()	_____	Tape.....	()	()	_____
Other Medicine....	()	()	_____	Hay Fever...	()	()	_____
_____			_____	Food.....	()	()	_____
Iodine.....	()	()	_____	Contact			
Shell Food.....	()	()	_____	Allergy.....	()	()	_____

List all medicine allergies and effects: _____

ILLNESS & MEDICAL PROBLEMS:

	Yes	No		Yes	No		Yes	No
Dizzy Spells	()	()	Low Blood Pressure	()	()	Arthritis	()	()
Glaucoma	()	()	Bleed Easily	()	()	Diabetes	()	()
Other Eye Problems	()	()	Bruise Easily	()	()	Trouble with		
Ear Trouble	()	()	Bleeding Disorder.....	()	()	Anesthesia	()	()
Deafness/dec. hearing	()	()	Heart Attack	()	()	Paralysis	()	()
Repeated Nose Bleed.....	()	()	Heart Murmur	()	()	Cancer	()	()
Chronic Nose Obstruction	()	()	Ankles Swell	()	()	Year and Type of		
Swelling in Neck.....	()	()	Other Heart Conditions	()	()	Cancer _____	()	()
Asthma	()	()	Stomach/Duodenal	()	()		()	()
Bronchitis	()	()	Ulcer	()	()	WOMEN ONLY	()	()
Emphysema	()	()	Colitis	()	()	Tender Breast	()	()
Pneumonia	()	()	Diverticulosis	()	()	Discharge from		
Tuberculosis	()	()	Other Bowel Problems	()	()	Nipples	()	()
Other Lung Problem	()	()	Hepatitis	()	()	Lumps or Recent Change	()	()
_____			Mononucleosis			in Size		
High Blood Pressure	()	()	Gall Bladder Trouble	()	()	Fibrocystic Disease	()	()
Stroke	()	()	Convulsions/Seizures	()	()	Prev. Mammogram	()	()
Scarlet Fever	()	()	_____			Year _____		
_____			_____			Menstrual Problems	()	()

FAMILY HISTORY:

Tuberculosis	()	()	Diabetes	()	()	Age of 1st Pregnancy _____
Asthma	()	()	Rheumatoid Arthritis	()	()	Were your children
Glaucoma	()	()	Heart Disease	()	()	Breast fed
Cancer	()	()	High Blood Pressure	()	()	() ()
Relation and type of Cancer			Low Blood Pressure	()	()	
_____			Bleeding Tendency	()	()	
Blood Disorders	()	()				
(Sickle Cell Anemia, Etc.)						

CHILDHOOD ILLNESS:

Rheumatic Fever

()	()	Tuberculosis	()	()	Other _____
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