

HISTORY Questionnaire Completed by: [staff] [patient] [physician] on: ____/____/____

Name: [Male] [Female] Age: DOB:

S Marital Status: [single] [married] [widowed____/____/____] [divorced____/____/____]

O Occupation: [retired] [active] _____

C Do you: {please circle No or Yes and explain if Yes}

I Live w/others no yes who: _____

I Have children no yes #living_____ #deceased_____ from: _____

A Get exercise no yes hours per wk: _____

A Use illegal drugs no yes _____

L Use alcohol no yes oz' per day/week _____

L Smoke no yes ppd _____ stopped _____

Have you ever had:

Surgery no yes date: _____ Hospital: _____

reason: _____

P Blood transfusion date: _____ Hospital: _____

no yes reason: _____

A An illness no yes date: _____ Hospital: _____

reason: _____

S Problems for which you have seen a physician or have been treated for:

T Medications (prescribed) Currently taking

Diabetes no yes _____ no yes

Cancer no yes _____ no yes

Tumor/lesion no yes _____ no yes

COPD no yes _____ no yes

M Blood pressure no yes _____ no yes

Heart problem no yes _____ no yes

E Infections no yes _____ no yes

Pain no yes _____ no yes

D Nerves/Anxiety no yes _____ no yes

Arthritis no yes _____ no yes

I Others: _____ no yes

_____ no yes

C Do you have any allergies/reactions to:

A Food(s) no yes _____

Penicillin no yes _____

L Other antibiotics no yes _____

Pain medications no yes _____

Aspirin no yes _____

Others no yes _____

Do any of your blood relatives have any of the following diseases? Do any other medical problems run in the family?

A	Diabetes	no	yes	Type:_____	TB	no	yes
	Cancer	no	yes	Location:_____	Thyroid disease	no	yes
M	Tumor/lesion	no	yes	Location:_____	High blood pressure	no	yes
	Heart problem	no	yes	Type:_____	Stroke	no	yes
I	Other health problems _____						

L Your Father: [living] [deceased]____/____/____ cause_____

Your Mother: [living] [deceased]____/____/____ cause_____

Y

Your Brothers: [living] [deceased]____/____/____ cause_____

Your Sisters: [living] [deceased]____/____/____ cause_____