

# HEALTH HISTORY QUESTIONNAIRE



Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female

Today's Date: \_\_\_\_\_ Reason for Visit: \_\_\_\_\_

Allergies: \_\_\_\_\_

## PAST HISTORY (✓ all that apply)

- Seizure \_\_\_\_\_
- Stroke/TIA \_\_\_\_\_
- Head Injury(when) \_\_\_\_\_
- Congestive Heart Failure \_\_\_\_\_
- Heart Attack (when) \_\_\_\_\_
- High Blood Pressure \_\_\_\_\_
- Bleeding  Clotting Problem
- High Cholesterol
- Asthma  Emphysema
- Hiatal Hernia  Ulcer
- Liver Disease  Hepatitis
- Ostomies
- Kidney Disease  Kidney Stone
- Diabetes  Hypoglycemia
- Thyroid Problems
- Arthritis  Limited Motion
- HIV  AIDS
- Cancer/Tumor (site) \_\_\_\_\_
- Chemotherapy/ Radiation \_\_\_\_\_
- Depression  Alcoholism
- Suicide Attempt

Chronic Pain \_\_\_\_\_

## LIST Gastrointestinal Surgeries (approximate dates):

*(Please use back for additional info)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Other Surgeries:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MEDICINE (Type and Dosage)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REVIEW OF SYSTEMS - (Recently)

### Constitutional

- Chills  Fever
- Malaise  Weight loss

### HEENT

- Double Vision  Ear Infection
- Eye Pain  Nasal Congestion

Sinus Infection  Sore Throat

### Respiratory

- Dyspnea  Frequent Cough
- Pleuritic Pain  Wheezing

### Cardiovascular

- Chest Pain  Extreme Edema
- Palpitations

### Gastrointestinal

- Abdominal Pain
- Change in bowel habits
- Constipation  Diarrhea
- Heartburn  Hematemesis
- Hematochezia
- Loss of appetite  Melena
- Nausea  Reflux  Vomiting

### Genitourinary

- Dysuria  Hematuria
- Urinary frequency
- Urinary Incontinence
- Urinary Retention

### Reproductive

- Breast lumps  Breast Pain
- Vaginal discharge
- Penile discharge

Sexual dysfunction

**Metabolic/Endocrine**

Cold intolerance

Excessive thirst

Heat intolerance

Gynecomastia

**Neurological**

Dizziness  Headache

Numbness  Tremors

Vertigo

**Psychiatric**

Anxiety  Depression

Increased Stress

**Integumentary**

Contact allergy  Hives

Pruritus  Rash

**Musculoskeletal**

Back Pain  Myalgia

Joint Pain

**Hematologic/Lymphatic**

Easy bleeding

Easy bruising

Lymphadenopathy

**Immunologic**

Asthma

Chemicals in work place

Food allergies

Immunosuppression

Seasonal allergies

**Other Medical Problems**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAMILY HISTORY**

(List Family Member and Type)

Heart Disease \_\_\_\_\_

Cancer \_\_\_\_\_

Colon Polyps \_\_\_\_\_

Colon Cancer \_\_\_\_\_

Diabetes \_\_\_\_\_

Other \_\_\_\_\_

**SOCIAL HISTORY**

Occupation \_\_\_\_\_

Smoke Cigarettes

Packs per day \_\_\_\_\_

For How Long \_\_\_\_\_

Year Quit \_\_\_\_\_

Drinks caffeine

Cups per day \_\_\_\_\_

Recreational drugs

Consumes alcohol

Frequency \_\_\_\_\_

For how long \_\_\_\_\_

Year quit \_\_\_\_\_

**REVIEWED**  
**BY \_\_\_\_\_ DATE \_\_\_\_\_**