

# MEDICAL HISTORY/HEALTH QUESTIONNAIRE

Name:

Birth Date:

## MEDICAL PROBLEMS

What disease(s) are you currently being treated for?


Please answer the following questions as appropriate for age/sex:

**Females:** Last Pap Smear/Physical \_\_\_\_\_ Last

Mammogram \_\_\_\_\_

**Males:** Last Physical \_\_\_\_\_ Last Prostate

Check \_\_\_\_\_

**Children:** Are immunizations up-to-date? \_\_\_\_\_

## CURRENT MEDICATIONS

Medication Name/Dosage/How often it is taken

Include all prescriptions and over-the-counter medications. If more space is needed please use the back of this page.

- |    |    |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |

**Preferred Pharmacy:**

## ALLERGIES

Indicate any allergens and the reaction you have to those allergens


## SURGICAL HISTORY

List the operation/procedure and the year in which it occurred


## FAMILY HISTORY

**Mother's History** Deceased \_\_\_\_\_ If yes, what age? \_\_\_\_\_ Cause? \_\_\_\_\_  
\_\_ Cancer(type) \_\_\_\_\_ \_\_ Heart Disease \_\_ Stroke \_\_ High Blood Pressure \_\_ Diabetes  
\_\_ Heart Attack \_\_ Lung Disease \_\_ Kidney Disease \_\_ Blood Disease \_\_ Osteoporosis

**Father's History** Deceased \_\_\_\_\_ If yes, what age? \_\_\_\_\_ Cause? \_\_\_\_\_  
\_\_ Cancer(type) \_\_\_\_\_ \_\_ Heart Disease \_\_ Stroke \_\_ High Blood Pressure \_\_ Diabetes  
\_\_ Heart Attack \_\_ Lung Disease \_\_ Kidney Disease \_\_ Blood Disease \_\_ Osteoporosis

**Sibling History** Deceased \_\_\_\_\_ If yes, what age? \_\_\_\_\_ Cause? \_\_\_\_\_  
\_\_ Cancer(type) \_\_\_\_\_ \_\_ Heart Disease \_\_ Stroke \_\_ High Blood Pressure \_\_ Diabetes  
\_\_ Heart Attack \_\_ Lung Disease \_\_ Kidney Disease \_\_ Blood Disease \_\_ Osteoporosis

### **SOCIAL HISTORY**

Occupation \_\_\_\_\_ Marital Status \_\_\_\_\_ How many children?  
\_\_\_\_\_

Who lives in your household?  
\_\_\_\_\_

Do you smoke? \_\_\_\_\_ How much? \_\_\_\_\_ Do you drink? \_\_\_\_\_ How much?  
\_\_\_\_\_

Do you exercise? \_\_\_\_\_ How much? \_\_\_\_\_ Drink Caffeine? \_\_\_\_\_ How  
much \_\_\_\_\_