

HEALTH HISTORY QUESTIONNAIRE

Name _____

Occupation _____

Birthdate: _____

Primary Care Provider _____

Past Medical History

Please list any medical problems or diagnoses

Drug Allergies _____ Yes _____ No

Previous Surgeries

Type _____ Year _____

Family History

Family Member and Age Diagnosed

Diabetes _____

Heart disease _____

Breast cancer _____

Uterine cancer _____

Ovarian cancer _____

Colon cancer _____

Blood clots _____

Current Medication(s)

Please list all medications and dosage

OB/GYN History

Current Birth Control Method: _____

Age at first period: _____

Age periods ended (if applicable): _____

Usual interval between periods: _____

Pregnancies _____ # Deliveries _____

Miscarriages _____ # Abortions _____ # Ectopics _____

Vaginal deliveries _____ # C-sections _____

Do You Use

Cigarettes Yes No Amt/Day _____

Alcohol Yes No Amt/Day _____

Street drugs Yes No Type _____

Please circle any symptoms you have now, or have recently experienced:

GENERAL: fevers, chills, sweats, loss of appetite, fatigue, malaise, weight loss

GENITOURINARY: vaginal discharge, incontinence, pain with urination, blood in the urine, urinary frequency, abnormal periods, pelvic pain, genital sores

CARDIVASCULAR: chest pain, palpitations, fainting, shortness of breath with exertion or lying down, swelling of the extremities

RESPIRATORY: cough, shortness of breath, productive cough, coughing up blood, wheezing

GASTROINTESTINAL: nausea, vomiting, diarrhea, constipation, change in bowel habits, abdominal pain, blood in stool, jaundice

ENDOCRINE: intolerance to heat or cold, unusual thirst, hunger, urination, or unexplained weight change

BREAST: breast lump, nipple discharge, bloody nipple discharge, breast pain, breast enlargement, breast skin changes

MUSCULOSKELETAL: back pain, joint pain, joint swelling, muscle cramps, muscle weakness, arthritis

SKIN: rash, itching, dryness, suspicious lesions

NEUROLOGIC: paralysis, paresthesias, seizures, tremors, vertigo, fainting, frequent headaches

PSYCHIATRIC: depression, anxiety, memory loss, thoughts of suicide, hallucinations, paranoia

EYES: blurring, double vision, vision loss, sensitivity to light

EARS/NOSE/THROAT: earache, ear discharge, ringing, hearing loss, nasal congestion, nosebleeds, sore throat, hoarseness

ALLERGIC/IMMUNOLOGIC: hives, hay fever, persistent infections, HIV exposure

HEME/LYMPHATIC: abnormal bruising or bleeding, enlarged lymph nodes

Patient Signature

Date