

PATIENT HEALTH HISTORY QUESTIONNAIRE

Patient Name : _____ **Chart # :** _____ **Resource :** _____

Date of Birth : _____ **Appt Time this Visit :** _____

Patient medical history: _____ **Have You Had Previous Hospitalizations/Surgeries/Serious Injuries? No Yes**

- Diabetes (*type 1 or 2*) No Yes
- High Blood Pressure No Yes
- Cancer No Yes
- Stroke No Yes
- Heart Trouble No Yes
- Convulsions No Yes
- Acute Infections No Yes
- Bleeding tendency No Yes
- Blood clots No Yes
- Shortness of Breath No Yes
- Arthritis/gout No Yes
- Multiple Sclerosis No Yes

Explain : _____

Do you have problems with pain medication? No Yes

Explain: _____

Are you or could you be pregnant? Yes (how many weeks)

No _____

Other personal medical conditions: _____

ALLERGIES Food NO YES (type) _____

Latex NO YES _____

Medication NO YES (type) _____

Patient social history:

Marital status: Single: _____ Married: _____ Separated: _____ Divorced: _____ Widowed: _____

Use of alcohol: Never: _____ Rarely: _____ Moderate: _____ Daily: _____

Use of tobacco: Never: _____ Previously, but quit: _____ Current packs / day _____

Use of illegal drugs: Never: _____ Type/Frequency: _____

Family medical history:

Who: _____

Lupus: _____

Rheumatoid Arthritis: _____

Anesthesia problems: _____

Bleeding problems: _____

Diabetes: _____

Other family medical conditions:

Review of systems

*(Circle any that apply to your **current** condition)*

General **None** Fever, Chills, Headaches, Unexplained weight loss or gain

Respiratory **None** Cough, Wheezing

Gastrointestinal **None** Nausea, Vomiting, Stomach ulcers

Cardiac **None** Swelling in the legs or ankles, Varicose veins, Cold feet, Leg cramps when walking

Genitourinary **None** Loss of bowel or bladder control, Constipation, Blood in urine, Diarrhea

Musculoskeletal **None** Joint pain, Back pain, Neck pain, Difficulty walking, Stiffness in joints

Skin **None** Rash, Lumps, Sores, Change in size or color of mole

Psychiatric **None** Depression, Paranoid, Anxiety

Blood problems **None** Easy bruising, Anemia, Leukemia

Neurological **None** Numbness or tingling in arms or legs, Blackouts, Seizures, Paralysis

SIGNATURE OF PERSON COMPLETING / RELATIONSHIP:	DR. INITIAL & DATE:			
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