

Medical History & Questionnaire

Patient Name

Patient Gender

First Name

Last Name

Date of Birth

Patient Height (Feet)

Patient Weight (lbs)

Month Day



Year

Current & Past Medical History

Do you have any of the following? (Please check all that apply)

High Blood Pressure

Heart Trouble - murmur, palpitation (arrhythmia), pacemaker

Chest Pain (angina) heart attack, heart failure

Scarlet Fever, rheumatic fever

Asthma, T.B., lung problems, shortness of breath while walking

Emphysema

Blood Disorder, anemia, clotting problems, phlebitis

Seizure, epilepsy, convulsions

Fainting spells, blackouts, stroke

Frequent or severe headaches

Diabetes

Thyroid condition, goiter

Cancer

Jaundice, hepatitis, liver problems

Kidney, bladder problems

Poor Wound healing, radiation treatment

Abnormal response to cold, Raynaud's disease

Rheumatoid arthritis, scleroderma, collagen disease, lupus

Skin pigment problems, keloid, poor scarring

Fever blisters, cold sores, herpes simplex

- Frequent infection or boils
- Blood Transfusion
- Significant emotional problems
- Psychiatric care
- Recent fever or cold
- Venereal Disease
- Neurological Disorders

Please list any Operations you have had and dates of each

Recent Examinations

- History & Physical
- EKG(electrocardiogram)

- Chest X-ray
- Lab Work

**Please list any drug allergies
(Including latex, tape, dyes, etc.)**

**Please list the dates of recent
examinations here**

If no known allergies, write "No Known Drug Allergies"

Please list your Current Medications

Are you taking or have taken any of the following in the last 6 months?

Aspirin or aspirin containing products

Insulin

Anticoagulants, blood thinners

Tranquilizers or sedatives

Steroids, cortisone or ACTH

Any over-the-counter drugs or herbal supplements, including aspirin, motrin, alleve, advil, ibuprofen, nuprin, ginko biloba, vitamin E

Social History

Alcohol Consumption

Caffeine Consumption

Do you smoke?

If answered "No but I have in the past"

Please write when you quit & # of packs used to smoke

Has any relative ever had (choose all that apply)

Cancer, breast cancer

Lung disease, asthma

Reaction to anesthesia

Rheumatoid arthritis, scleroderma, lupus

Kidney disease

Epilepsy

Blood disease

Diabetes

High Blood Pressure

Mental disease

Any other information you would like the doctor to know?