

DATE: _____

FILE _____

PATIENT HISTORY QUESTIONNAIRE

NAME: _____ BIRTHDATE: _____

ADDRESS: _____

REFERRING DOCTOR: _____

I. WHAT IS THE PRESENT MEDICAL PROBLEM FOR WHICH YOU SEEK HELP?

PLEASE DESCRIBE WHEN IT STARTED AND YOUR CURRENT SYMPTOMS:

WHAT DO YOU HOPE TO ACCOMPLISH BY THIS FIRST VISIT? _____

II. LIST ANY SURGERIES YOU HAVE HAD, THE YEAR, DOCTOR, AND HOSPITAL

SURGERY YEAR DOCTOR HOSPITAL

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

III. LIST ANY MEDICAL ILLNESSES:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

IV. LIST MEDICATIONS YOU ARE CURRENTLY TAKING (include dose & frequency):

NAME DOSE FREQUENCY

1. _____

2. _____

3. _____

V. LIST ANY ALLERGIES OR ADVERSE REACTIONS TO DRUGS:

1. _____ DESCRIBE REACTION: _____

2. _____ DESCRIBE REACTION: _____

3. _____ DESCRIBE REACTION: _____

VI. HAVE YOU HAD ANY PREVIOUS BROKEN BONES? () YES () NO

1. _____ 3. _____

2. _____ 4. _____

SOCIAL HISTORY

IN WHAT TYPE OF DWELLING DO YOU LIVE? apartment,two-story,one-story
_____ do you live alone () YES () NO
IF NO, WITH WHOM?_____

WHAT IS YOUR MARITAL STATUS? () SINGLE () MARRIED () DIVORCED () WIDOWED

DO YOU HAVE ANY CHILDREN? () YES () NO IF YES HOW MANY?_____

ARE YOU CURRENTLY WORKING? () YES () NO
IF YES, WHAT IS YOUR CURRENT OCCUPATION?_____

IF NO, ARE YOU: () DISABLED () RETIRED () UNEMPLOYED
WHAT IS YOUR FORMER OCCUPATION?_____

IF DISABLED, ARE YOU RECEIVING DISABILITY COMPENSATION?
() YES () NO
IF YES, WHAT ARE THE TERMS OF YOUR DISABILITY RATING, AND FROM WHOM
DO YOU RECEIVE COMPENSATION?_____

DO YOU CURRENTLY SMOKE? () YES () NO PACKS PER DAY_____X_____YRS
PREVIOUS SMOKED? () YES () NO PACKS PER DAY_____X_____YRS

ANY PAST HISTORY OF HEAVY ALCOHOL INTAKE? () YES () NO
IF YES, EXPLAIN:_____

HAVE YOU EVER BEEN EXPOSED TO THE H.I.V. (AIDS) VIRUS, () YES () NO
IF YES, EXPLAIN_____

HAVE YOU EVER USED INTRAVENOUS DRUGS? () YES () NO
IF YES, EXPLAIN_____

SYSTEM REVIEW

Have you ever had any of the following (CHECK THE APPROPRIATE RESPONSE):

GASTROINTESTINAL TRACT

- 1. SORE PAINFUL TONGUE. . ()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 2. TONGUE ENLARGEMENT . . ()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 3. DIFFICULTY SWALLOWING..()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 4. PAIN/CRAMPS IN ABDOMEN.()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 5. INTOLERANCE TO FOODS...()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 6. GALL BLADDER DISEASE...()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 7. EXCESSIVE BELCHING/GAS.()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 8. PRESSURE SENSATION IN CHEST
OR UPPER ABDOMEN AFTER
EATING. ()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 9. STOMACH ULCERS.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 10. SEVERE NAUSEA.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 11. VOMITING BLOOD.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 12. DIARRHEA.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 13. SEVERE CONSTIPATION...()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 14. YELLOW JAUNDICE.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 15. HEMORRHOIDS.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 16. BLOODY AND/OR CLAY
COLORED BM'S.....()CURRENT PROBLEM ()PAST PROBLEM ()NO

UROGENITAL TRACT

- 1. FREQUENCY OF URINATION.()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 2. ALBUMIN/SUGAR IN URINE.()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 3. PAINFUL URINATION.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 4. VENEREAL DISEASE.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 5. TROUBLE STARTING/STOPPING
URINATION.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 6. BLEEDING AFTER INTERCOURSE
.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 7. URGENCY.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 8. INCONTINENCE.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 9. STRICTURE.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 10.LOSS OF INTEREST IN SEX()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 11.GETTING UP AT NIGHT TO
URINATE.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 12.KIDNEY BLADDER INFECTION
.....()CURRENT PROBLEM ()PAST PROBLEM ()NO

NEUROMUSCULAR MOTOR SYSTEM

- 1. NERVOUS BREAKDOWN.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 2. WEAKNESS.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 3. PAINFUL/SWOLLEN JOINTS.()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 4. DOUBLE/IMPAIRED VISION.()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 5. HEADACHES.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 6. RINGING IN EARS.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 6. DIFFICULTY BALANCING...()CURRENT PROBLEM ()PAST PROBLEM ()NO

SYSTEM REVIEW

- 8. SHOOTING PAINS IN LEGS AND HANDS.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 9. MUSCLE PARALYSIS.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 10.WEAK BACK.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 11.CONVULSIONS.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 12.UNCONSCIOUSNESS.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 13.HEARING LOSS.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 14.FAINTING SPELLS.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 15.DIZZINESS.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 16.NUMBNESS/TINGLING IN HANDS HANDS.....()CURRENT PROBLEM ()PAST PROBLEM ()NO

CARDIOVASCULAR SYSTEM

- 1. COUGHING OR WHEEZING....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 2. CAN'T LIE FLAT TO SLEEP.()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 3. HIGH BLOOD PRESSURE... ()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 4. LOW BLOOD PRESSURE.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 5. SWELLING IN LEGS/FEET...()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 6. SHORTNESS OF BREATH WITHOUT EXERCISE.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 7. IRREGULAR HEARTBEAT.... ()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 8. ASTHMA/HAY FEVER..... ()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 9. DROPSY..... ()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 10. WHEEZING CHEST..... ()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 11. CHEST PAIN WITHOUT EXERCISE OR EXCITEMENT..... ()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 12. WAKE UP AT NIGHT SHORT OF BREATH.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 13. HEMOPHILIA..... ()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 14. HEART ATTACK.....()CURRENT PROBLEM ()PAST PROBLEM ()NO

INFECTIOUS DISEASES

- 1. MEASLES.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 2. MUMPS.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 3. CHICKEN POX.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 4. MENINGITIS.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 5. MONONUCLEOSIS.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 6. FUNGAL DISEASE.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 7. SMALL POX.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 8. WHOOPING COUGH.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 9. DIPHTHERIA.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 10. RHEUMATIC FEVER.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 11. ST. VITUS DANCE.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 12. PNEUMONIA.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 13. SYPHILIS.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 14. AMOEBA.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 15. SCARLET FEVER.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 16. GONORRHEA.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 17. TYPHOID FEVER.....()CURRENT PROBLEM ()PAST PROBLEM ()NO
- 18. TB.....()CURRENT PROBLEM ()PAST PROBLEM ()NO