

## Patient Questionnaire

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Male  Female  Occupation \_\_\_\_\_

Marital status:  Single  Partnered  Married  Separated  Divorced  Widowed

Previous doctor: \_\_\_\_\_ Date of last physical examination: \_\_\_\_\_

### PERSONAL HEALTH HISTORY

#### Immunizations

Tetanus \_\_\_\_\_ Pneumonia/pneumovax \_\_\_\_\_ Hepatitis B \_\_\_\_\_

Influenza \_\_\_\_\_ Pevnar 13 \_\_\_\_\_ Shingles \_\_\_\_\_

Other: \_\_\_\_\_

### MEDICAL HISTORY

- |   |   |  |   |
|---|---|--|---|
| <input type="radio"/> Alcohol/Drug problem        | <input type="radio"/> Emphysema/COPD          | <input type="radio"/> Liver Disease        | <input type="radio"/> Blood clots       |
| <input type="radio"/> Anemia                      | <input type="radio"/> Heart-Attack            | <input type="radio"/> Osteoporosis         | <input type="radio"/> Acid reflux       |
| <input type="radio"/> Anxiety                     | <input type="radio"/> Coronary artery disease | <input type="radio"/> Prostate problem     | <input type="radio"/> Neuropathy        |
| <input type="radio"/> Arthritis                   | <input type="radio"/> Heart failure / CHF     | <input type="radio"/> Depression           | <input type="radio"/> Sleep apnea       |
| <input type="radio"/> Asthma                      | <input type="radio"/> High Blood pressure     | <input type="radio"/> Psychiatric problem  | <input type="radio"/> Heart murmur      |
| <input type="radio"/> Atrial fibrillation         | <input type="radio"/> High cholesterol        | <input type="radio"/> Seizure disorder     | <input type="radio"/> Migraines         |
| <input type="radio"/> Dementia                    | <input type="radio"/> Hypothyroidism (low)    | <input type="radio"/> Stroke / CVA /TIA    | <input type="radio"/> Hepatitis         |
| <input type="radio"/> Diabetes                    | <input type="radio"/> Hyperthyroidism (high)  | <input type="radio"/> Stomach ulcers       | <input type="radio"/> Diverticulosis    |
| <input type="radio"/> Cancer                      | <input type="radio"/> Kidney disease          | <input type="radio"/> STD/sexual infection | <input type="radio"/> Colon Polyps      |
| <input type="radio"/> Peripheral Arterial Disease |   | <input type="radio"/> Positive TB test     | <input type="radio"/> Abnormal PAP test |
| <input type="radio"/> Other: _____                |   |  |   |

### SURGERIES

- |                                      |  |                                      |                                      |   |
|--------------------------------------|--|--------------------------------------|--------------------------------------|---|
| <input type="radio"/> Appendectomy   | <input type="radio"/> Tonsillectomy    | <input type="radio"/> C-section      | <input type="radio"/> Cardiac Bypass | <input type="radio"/> Hernia repair             |
| <input type="radio"/> Hysterectomy   | <input type="radio"/> Prostate surgery | <input type="radio"/> Gallbladder    | <input type="radio"/> Vasectomy      | <input type="radio"/> Heart stent / Angioplasty |
| <input type="radio"/> Tubal ligation | <input type="radio"/> Cataract surgery | <input type="radio"/> Breast surgery |                                      |   |
| <input type="radio"/> Other: _____   |  |                                      |                                      |   |

### SCREENING TESTS

Colonoscopy _____	Mammogram _____	PAP smear _____
Prostate test / PSA _____	Bone density test / DEXA _____	Eye exam _____

