

Name (Last, First M.I.) _____

Date of Birth (Month/Day/Year) _____

Health History Questionnaire



Check all that apply.

1. Medical History

- Anemia
- Anxiety
- Arthritis
- Asthma
- Bleeding Disorder
- Blood Clots/DVT
- Cancer
- CHF/Heart Failure
- Depression
- Diabetes
- Emphysema/COPD
- GERD/Heartburn/Acid Reflux
- Heart Disease
- HIV/AIDS
- Hypertension/High Blood Pressure
- Kidney Disease
- Liver Disease
- Palpitations/Racing Heart
- Seizures
- Stroke
- Thyroid Problems
- Other _____

2. Surgical History

- No surgery
- Anesthesia Complications
- Appendectomy
- Breast surgery
- Colonoscopy
- Coronary Artery Bypass
- Coronary Artery Stent
- Eye Surgery
- Gallbladder Surgery (Cholecystectomy)
- Hernia repair Location _____
- Hysterectomy
- Joint Replacement _____
- Prostate Surgery
- Spine Surgery
- Organ Transplant
- Other _____

3. Social History

- Alcohol Use**
- Yes No Never
- Wine
- Beer
- Liquor
- Drinks per Week _____
- Street Drug Use**
- Yes No Never
- Marijuana
- Methamphetamines
- Cocaine
- Heroin
- Other _____
- Tobacco Use**
- Yes No Never
- Type _____
- Current Smoker
- Packs per day _____
- Former Smoker
- Packs per day _____
- Sexually Active**
- Yes No
- Not Currently
- Partners _____
- Check all that apply
- Female Male
- Birth Control / Protection
- Yes No
- Method _____

4. Family Medical History Check all that apply.

- I have no family history
- I have unknown family history

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- GERD/Heartburn/Acid Reflux
- Heart Disease
- HIV/AIDS
- High Blood Pressure
- Kidney Disease
- Liver Disease
- Palpitations/Racing Heart
- Seizures
- Stroke
- Thyroid Problems
- Other

Relationship	Anemia	Anxiety	Arthritis	Asthma	Bleeding Disorder	Blood Clots /DVT	Cancer	CHF/Heart Failure	Depression	Diabetes	Emphysema/COPD	GERD/Heartburn/Acid Reflux	Heart Disease	HIV/AIDS	High Blood Pressure	Kidney Disease	Liver Disease	Palpitations/Racing Heart	Seizures	Stroke	Thyroid Problems	Other	
Father																							
Mother																							
Sibling																							
Maternal Grandmother																							
Maternal Grandfather																							
Paternal Grandmother																							
Paternal Grandfather																							
Other																							