



HEALTH QUESTIONNAIRE

ASSURANCE OF CONFIDENTIALITY: Your medical record is confidential and will not be released to anyone without your written consent except as may be required by law.

Name _____
Date of Birth _____
ID Number _____
Female _____ Male _____ Transgender _____

Have you had, or do you have any of the following?

Table with 3 columns: No, Yes, Explain (optional). Rows include: Anemia, Asthma, Cancer, Colitis/Ulcer, Diabetes, Heart disease, Heart murmur, High blood pressure, Liver disease, Kidney disease, Migraine headaches, Seizures or epilepsy, Thyroid disorder, Eating disorder, Anxiety or panic disorder, Depression, Physical disability, Learning disability, Attention deficit disorder, Tuberculosis, Alcohol or drug problem, Blood transfusion, Genetic or birth defect, High cholesterol, Any other ongoing health problems.

Have you had chicken pox? No _____ Yes _____

Have you ever had surgery? No _____ Yes _____ If yes, explain why and when: _____

Have you ever been hospitalized overnight? No _____ Yes _____ If yes, explain why and when: _____

I have received a copy of the Privacy Practices Notice _____ (Signature)

Today's Date _____

Allergies?

To Medications? No _____ Yes _____ If yes, list: _____

Environmental (pollen, food, animals, etc.) No _____ Yes _____ If yes, list: _____

To Latex: No _____ Yes _____

Tobacco:

Do you use tobacco? No _____ Yes _____ If yes, what type? _____ How much? _____

Family Health History (immediate family and grandparents)

Table with 3 columns: No, Yes, Family member. Rows include: Cancer (type), Diabetes, Heart attack, at what age?, High blood pressure, Sudden, unexpected death before age 60 (non-traumatic), High cholesterol, Stroke, at what age?, Alcoholism, Drug abuse, Glaucoma, Genetic disease, Depression, Suicide, Osteoporosis, Blood clots.

BELOW FOR STAFF ONLY TO COMPLETE:

Staff additions & comments: (Initials)

Date

Table for staff additions and comments with columns for Initials and Date.

Immunizations done elsewhere and reported to staff:

Table for immunizations with columns: Date, Type, Date, Type.