Health History Questionnaire

PROVIDENCE Health & Services

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DATE OF BIRTH:	TODAY'S DATE:

NAME: **Last** **First** **Middle Initial**

SEX: M F **MARITAL STATUS:** M S W Div Sep **AGE**: _____

Social History: ____ Student ___ Employed ___ Retired Occupation**:** _____

Present Symptoms / Why are you here today?

Other Physicians you are currently under the care of:
_____
_____
_____

List allergies or sensitivities you have to medications:
_____
_____
_____

List of Medications & how you take them: (Please include all medications including over-the-counter, topicals & vitamins)

NAME OF DRUG	DOSE (include strength & # per day)	How Long have you taken this Medication?

List all Previous Immunizations or Screenings & Date:

- ❑ **Pneumovax** **Date:**_____
- ❑ **Tetanus** **Date:**_____
- ❑ **Flex Sig** **Date:**_____
- ❑ **Colonoscopy** **Date:**_____
- ❑ **Pap** **Date:**_____
- ❑ **Mammogram** **Date:**_____
- ❑ _____ **Date:**_____
- ❑ _____ **Date:**_____

Please list all operations & hospitalizations with their appropriate year

ILLNESS / INJURY	YEAR	ILLNESS / INJURY	YEAR
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

Do you or have you ever used tobacco? What_____ How Much _____ How Long_____ Yr Quit_____
Do you use alcohol? What_____ How Much _____ How Long_____ Yr Quit_____
Do you use caffeine? What_____ How Much _____ How Long_____ Yr Quit_____
Do you get enough sleep at night? ___Yes ___No Do you wake up feeling rested? ___Yes ___No

FAMILY HISTORY	**Current Age**	**Health Is…..**			**Died at Age**	**Diseases/Cause of Death**
FATHER	_____	___Good	___Fair	___Poor	_____	_____
MOTHER	_____	___Good	___Fair	___Poor	_____	_____
BROTHER/SISTER	_____	___Good	___Fair	___Poor	_____	_____
BROTHER/SISTER	_____	___Good	___Fair	___Poor	_____	_____
BROTHER/SISTER	_____	___Good	___Fair	___Poor	_____	_____
BROTHER/SISTER	_____	___Good	___Fair	___Poor	_____	_____

PERSONAL HISTORY – HAVE YOU HAD ANY OF THE FOLLOWING?

- ❑ Leukemia
- ❑ Epilepsy
- ❑ Bad Headaches
- ❑ Cancer
- ❑ Pneumonia
- ❑ Heart Problems
- ❑ Stroke
- ❑ Psychiatric Condition
- ❑ Jaundice
- ❑ Psoriasis
- ❑ Asthma
- ❑ Cataracts
- ❑ Stomach Ulcers
- ❑ Colitis
- ❑ Anemia
- ❑ Goiter
- ❑ Diabetes
- ❑ Rheumatic Fever
- ❑ Kidney Disease
- ❑ OTHER_____
- ❑ OTHER_____
- ❑ OTHER_____
- ❑ OTHER_____

GENERAL
- ❑ Recent Weight Gain
- ❑ Recent Weight Loss
- ❑ Fatigue
- ❑ Weakness
- ❑ Fever

NERVOUS SYSTEM
- ❑ Sensitivity or Pain of Hands and/or feet
- ❑ Loss of Consciousness
- ❑ Dizziness
- ❑ Memory Loss
- ❑ Headaches
- ❑ Muscle Spasm

EARS
- ❑ Ringing in Ears
- ❑ Loss of Hearing

EYES
- ❑ Feels like something is in the eye
- ❑ Pain
- ❑ Redness
- ❑ Loss of Vision
- ❑ Double or blurred vision
- ❑ Dryness

NOSE
- ❑ Nosebleeds
- ❑ Loss of Smell
- ❑ Dryness

MOUTH
- ❑ Sore Tongue
- ❑ Bleeding Gums
- ❑ Sores in Mouth
- ❑ Loss of Taste
- ❑ Dryness

THROAT
- ❑ Frequent Sore Throats
- ❑ Hoarseness
- ❑ Difficulty in Swallowing

NECK
- ❑ Swollen Glands
- ❑ Tender Glands

HEART & LUNGS
- ❑ Sudden Changes in Heart Beat
- ❑ Difficulty in breathing at night
- ❑ Shortness of Breath
- ❑ Swollen legs or feet
- ❑ Irregular Heart Beat
- ❑ High Blood Pressure
- ❑ Coughing up Blood
- ❑ Pain in Chest
- ❑ Heart Murmurs
- ❑ Cough
- ❑ Wheezing
- ❑ Night Sweats

STOMACH & INTESTINES
- ❑ Vomiting of blood or coffee ground material
- ❑ Stomach pain relieved by food or milk
- ❑ Increasing Constipation
- ❑ Persistent Diarrhea
- ❑ Yellow Jaundice
- ❑ Blood in Stools
- ❑ Black Stools
- ❑ Heartburn
- ❑ Nausea

KIDNEY/URINE/BLADDER
- ❑ Pain or burning on urination
- ❑ Discharge from penis/vagina
- ❑ Getting up at night to pass urine
- ❑ Cloudy, "smoky" urine
- ❑ Frequent urination
- ❑ Difficult Urination
- ❑ Vaginal Dryness
- ❑ Sexual Difficulties
- ❑ Prostate trouble
- ❑ Blood in Urine
- ❑ Pus in Urine
- ❑ Rash/Ulcers

BLOOD
- ❑ Bleeding Tendency
- ❑ Anemia

SKIN
- ❑ Color changes of hands or feet in the cold
- ❑ Sun sensitive (sun allergy)
- ❑ Nodules/bumps
- ❑ Easy bruising
- ❑ Hair Loss
- ❑ Tightness
- ❑ Redness
- ❑ Rash
- ❑ Hives

MUSCLES/JOINTS/BONES
- ❑ Muscle tenderness
- ❑ Muscle weakness
- ❑ Morning stiffness
- ❑ Joint Swelling
- ❑ Joint Pain