## PATIENT HEALTH HISTORY QUESTIONNAIRE

The following information is very important to your plan of care. Please take time to fully and completely fill out this important information. We are counting on you.

Please complete every section. Do not leave any blanks.

NAME:			DOB:		ΔG	F.	TOD <i>A</i> DATE		
					_		_		
HT: \	VT:		SEX: N	ΛF	☐ Right I	nand dominant	Left	hand don	ninant
FAMILY DR:			REF	ERRING	DR:				
DRUG ALLERGIES or AD\	ERSE R	EACTION	ıs: <u>NO</u>	ΠΥ	'ES — Ple	ase list:			
IF YOU ARE ALLERGIC	TO AN'	Y OF TH	E FOLLOWIN	IG, PLE	ASE CIRC	LE:			
SHELLFISH* IODIN	E* X-I	RAY DYE	E* EGGS*	POUI	_TRY* FE	ATHERS*	LATE	X*	
LIST ALL MEDICATION	S (INCL	UDE SUI	PPLEMENTS	) and In	clude Dos	age: 🗌 NC	) Medic	ations	
YC	OUR PA	AST ME	DICAL HIS	STORY	'-Please	mark every	line		
DO YOU HAVE NOW OF	R HAVE YES	YOU EV NO	ER HAD AN	OF TH	E FOLLOV	VING?	YES	NO	Comments
Anemia				High E	Blood Pres	sure			
Anxiety				High (	Cholestero	I			
Asthma				Irregu	lar Heart R	ate			
Back Disorder				Kidne	y Disease				
<b>Blood Clots</b>				Lung	Disease				
<b>Blood Disease</b>				Menta	l Disease				
Blood in Urine				MRSA	/Serious Ir	nfection*			
Cancer (Location)				Neuro	pathy				
Colitis / Irritable Bowel				Osteo	porosis				
Depression				Osteo	arthritis				
Diabetes				Prosta	te Probler	ns			
Emphysema				Sleep	Apnea				
Epilepsy / Seizures				Stroke	)				
Gallbladder Disease				Rheur	natoid Artl	nritis			
Gout				Thyro	id Disease				
<b>Heart Disease</b>				Ulcers	(Stomach	)			
Hepatitis / Liver Disease	e* 🗌			Venere	eal Disease	e / STD			
HIV/AIDS*				Other-	•				

<u> </u>	AMILY	/ <b>SOC</b>	IAL HIS	STORY	/ – Plea	ase mar	k every a	rea
Significant Medical His	tory in Y	our:		YES	NO	Comme	nts (family	member affecte
Mother								
Father								
Siblings								
Children			_					
Specifically in your f	-	embers	:					
Spine Disorders  Arthritis/Joint P								
	ioniems					Loostic		
Cancer						Locatio	711.i	
Social History: Do you				YES	NO	If Y	ES, Please	explain:
Smoke?								
Use alcohol?								
Use illegal drug	c?							
	3:					_		
MARITAL STATUS: Single		d Wido	wed Div	vorced	OCCUP	ATION:		
MARITAL STATUS: Single	e Married							
	e Married	EW OF	SYSTE	EMS –	Please	e mark e	every area	
	e Married	EW OF	SYSTE	EMS –	Please	e mark e		
Have you <u>recently</u> been	e Married	EW OF	SYSTE	EMS – e followi	Please	mark e		
Have you <u>recently</u> been	REVI	EW OF	SYSTE	EMS — e followi	Please ing sym	e mark e ptoms? al Pain	every area	ı
Have you <u>recently</u> beer Fatigue Fever	REVI	EW OF	SYSTE	EMS – e followi Al In	Please ing sym	e mark e ptoms? al Pain	every area	ı
Have you <u>recently</u> been Fatigue Fever Night Sweats	REVI	EW OF	SYSTE	EMS — e followi Al In	Please ing sym bdomina idigestic onstipat	e mark e ptoms? al Pain	every area	ı
Have you <u>recently</u> been Fatigue Fever Night Sweats Weight Loss	REVI	EW OF	SYSTE	EMS — e followi Al In Co	Please ing sym bdomina digestic onstipat iarrhea	e mark e ptoms? al Pain on	every area	ı
Have you <u>recently</u> been Fatigue Fever Night Sweats Weight Loss Rash	REVI	EW OF  d with a	SYSTE	EMS — e followi Al In Co Di	Please ing sym bdomina digestic onstipat iarrhea lood in S	ptoms?  al Pain on tion	every area	ı
Have you <u>recently</u> been Fatigue Fever Night Sweats Weight Loss Rash Heat/Cold Intolerance	REVII  trouble  YES	EW OF  d with a	SYSTE	e followi Al In Co Bi mal Blee	Please ing sym bdomina digestic onstipat iarrhea lood in S	ptoms?  al Pain on tion Stool	YES	ı
Have you <u>recently</u> been Fatigue Fever Night Sweats Weight Loss Rash Heat/Cold Intolerance Chest Pain/Pressure	REVII	EW OF  d with a	SYSTE	e following All In Bland Blee	Please ing sym bdomina idigestic onstipat iarrhea lood in S eding/Br /eakness	ptoms?  al Pain  on  Stool ruising s/Paralys	YES	ı
Have you <u>recently</u> been Fatigue Fever Night Sweats Weight Loss Rash Heat/Cold Intolerance Chest Pain/Pressure	REVII  trouble  YES	BW OF NO	SYSTE	EMS — e followi  Al  In  Ci  Bl  mal Blee	Please ing sym bdomina idigestic onstipat iarrhea lood in S eding/Br /eakness alance E	ptoms?  al Pain  on  Stool ruising s/Paralys	YES	ı
Have you <u>recently</u> been Fatigue Fever Night Sweats Weight Loss Rash Heat/Cold Intolerance Chest Pain/Pressure	REVII	NO	SYSTE	EMS — e followi  Al  In  Ci  Bl  mal Blee	Please ing sym bdomina idigestic onstipat iarrhea lood in S eding/Br /eakness	ptoms?  al Pain  on  Stool ruising s/Paralys	YES	ı
Have you <u>recently</u> been Fatigue Fever Night Sweats Weight Loss Rash Heat/Cold Intolerance Chest Pain/Pressure rregular heart beat Shortness of Breath	REVII	BW OF NO	SYSTE	e following All In Command Blee Wind Blee He	Please ing sym bdomina idigestic onstipat iarrhea lood in S eding/Br /eakness alance E	ptoms?  al Pain  on  Stool  ruising  s/Paralys  Difficulty	YES	ı
Have you <u>recently</u> been Fatigue Fever Night Sweats Weight Loss Rash Heat/Cold Intolerance Chest Pain/Pressure Irregular heart beat Shortness of Breath Wheezing	REVII  trouble  YES	NO	SYSTE	e following All In Diagram Blee W Ba He	Please ing sym bdomina digestic onstipat iarrhea lood in S eding/Br /eakness alance E eadache	ptoms?  al Pain  on  Stool  ruising  s/Paralys  Difficulty	YES	ı
MARITAL STATUS: Single Have you recently been Fatigue Fever Night Sweats Weight Loss Rash Heat/Cold Intolerance Chest Pain/Pressure Irregular heart beat Shortness of Breath Wheezing Change in Bowel Habits	REVII  trouble  YES	NO	SYSTE	e following All In Diagram Blee W Ba He	Please ing sym bdomina digestic onstipat iarrhea lood in S eding/Br /eakness alance E eadache epressio	ptoms?  al Pain  on  Stool  ruising  s/Paralys  Difficulty	YES	ı

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