

## PERSONAL HEALTH HISTORY INFORMATION

All questions contained in this questionnaire are strictly confidential and will become part of your medical record

Name (First, MI, Last):		Date:	Date of Birth:
Reason for referral to our practice:			
<b>MEDICAL HISTORY</b>			
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Cancer	<input type="checkbox"/> Osteoporosis
<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Thyroid Disorder	<input type="checkbox"/> Pituitary/Adrenal Disorder
<input type="checkbox"/> Other past or current medical condition:			
Surgeries:			
Hospitalizations/Major Injuries:			
<b>Significant health conditions of your family members:</b>			
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Cancer	<input type="checkbox"/> Osteoporosis
<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Thyroid Disorder	<input type="checkbox"/> Pituitary/Adrenal Disorder
<b>MEDICATIONS</b>			
List your medications, including: prescribed drugs, birth control, pain medication, sleep aids, over-the-counter vitamins and supplements. (Include name, strength, frequency taken)			
List Allergies or Adverse Reactions to medications or other substances below: (Include drug name and allergic reaction)			
<b>SOCIAL HISTORY</b>			
What do you do for exercise?			
What do you do for relaxation?			
What methods do you use to control your weight?			
Do you use: (Place an X in the box next to those you use) <input type="checkbox"/> Cigarettes <input type="checkbox"/> Pipe <input type="checkbox"/> Cigars <input type="checkbox"/> Chewing tobacco <input type="checkbox"/> Beer <input type="checkbox"/> Wine			
<input type="checkbox"/> Hard liquor <input type="checkbox"/> Recreational drugs			
<b>SEXUAL/MENSTRUAL HISTORY</b>			
Are you sexually active? Are you using birth control? Which type?			
When was your last period? Are you trying to become pregnant?			