

## NEW PATIENT HEALTH QUESTIONNAIRE

This information allows us to completely review your health. It will help facilitate our initial office visit so we may focus our time on addressing your specific health concerns. Thank You

Patient's Full Name :

Last \_\_\_\_\_ First \_\_\_\_\_

### GENERAL INFORMATION

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ GENDER \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_

Referring Physician \_\_\_\_\_

REASON FOR TODAY'S VISIT \_\_\_\_\_

### HEALTH HISTORY

Check, if you have a **PERSONAL HISTORY** for the following:

#### GENERAL

- Chills
- Depression
- Dizziness
- Fainting
- Forgetfulness
- Headache
- Loss of sleep
- Nervousness
- Numbness
- Pain to muscles/  
or joints
- Sweats
- Obesity
- Other

#### GASTROINTESTINAL

- Poor appetite
- Bloating
- Bowel changes
- Constipation
- Diarrhea
- Excessive hunger
- Excessive thirst
- Gas
- Hemorrhoids
- Indigestion
- Nausea
- Rectal bleeding
- Stomach/abdominal pain
- Ulcers
- Vomiting/Vomiting blood
- Heartburn
- Hernia

#### EYE, EAR, NOSE, THROAT

- Bleeding gums
- Blurred vision
- Difficulty swallowing
- Double vision
- Earache
- Hay fever
- Hoarseness
- Loss of hearing
- Nosebleeds
- Persistent cough
- Ringing in ears
- Sinus problems
- Visual changes
- Thyroid disorder
- Other

#### SKIN

- Bruise easily
- Hives
- Itching
- Change in moles
- Rash
- Sore that won't heal

#### GENITO-URINARY

- Blood in urine
- Frequent urination
- Lack of bladder control
- Painful urination
- Other

#### NEUROLOGICAL

- Loss of strength
- Numbness
- Tingling
- Weakness
- Stroke/TIA

#### WOMEN ONLY

- Abnormal Pap smear
- Bleeding between periods
- Breast lump
- Extreme menstrual pain
- Hot flashes

#### WOMEN ONLY

- Nipple discharge
- Painful intercourse
- Vaginal discharge
- Pregnant
- Other

#### MEN ONLY

- Erection difficulties
- Lump in testicles
- Penis discharge
- Elevated PSA
- Other

#### CARDIAC/ PULMONARY/ VASCULAR

- Asthma
- High blood pressure
- Low blood pressure
- Diabetes
- Heart murmur
- Irregular heart beat
- Rapid heart rate
- Palpitations
- Atrial fibrillation
- COPD
- High cholesterol
- Angioplasty
- Pacemaker
- Mitral valve prolapse
- Rheumatic fever
- Scarlet fever
- Congestive heart failure
- Angina

- Lung disease
- Heart attack
- Heart valve replacement
- AICD
- Edema -  
(swollen legs, ankles, feet)
- Varicose Veins
- Bleeding disorder
- PFO/ ASD

- Emphysema
- Heart catheterization
- Heart surgery
- Blood vessel disease/surgery
- Poor circulation
- Blood clots
- Peripheral vascular disease
- Chest pain/ Pressure/ Discomfort
- Bronchitis

#### CONDITIONS

- HIV/AIDS
- Alcohol abuse
- Anemia
- Appendicitis
- Arthritis/Gout
- Cancer
- Chemical dependency
- Eating disorder
- Epilepsy
- Glaucoma
- Hepatitis
- Cataracts
- Kidney disease
- Liver disease
- Measles
- Migraines/Headache
- Multiple Sclerosis
- Pneumonia
- Prostate problem
- Psychiatric care
- Tonsillitis
- Tuberculosis
- Sexually Transmitted Disease

PATIENT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

