



Patient name: _____ Patient DoB: _____

Patient signature: _____

Patient Health History Questionnaire (Adult)

Today's date: _____

Medications/supplements (include name and dosage): _____

Allergies to medications/food (include reaction): _____

Surgical/hospitalization history (include month/year): _____

Family History (specify relation for each)

- Autoimmune disease _____
- Cancer (type) _____
- Diabetes _____
- Heart disease before 55 _____
- Other: _____
- High cholesterol _____
- Hypertension _____
- Lung disease _____
- Thyroid problems _____

Social History

Occupation: _____

Relationship status: _____

Name of partner: _____

Number of children: _____

Alcohol use? Yes No How much? _____

Tobacco use? <input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> Never Form? <input type="checkbox"/> Cigarette <input type="checkbox"/> Cigar <input type="checkbox"/> Chew <input type="checkbox"/> Vape How much per day? _____ # years of use / quit year: _____ / _____ Recreational drugs: _____
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Medical History Diagnosed by a Healthcare Provider

Allergy, Immune

- Anaphylaxis
- Environmental allergies
- Urticaria (hives) (frequent)

Cancers and Blood

- Anemia
- Blood clots (location) _____
- Cancer

Endocrine

- Diabetes
- Osteoporosis or osteopenia
- Thyroid disorder
- Vitamin D deficiency

Eye, Ear, Nose, Throat

- Cataracts
- Glaucoma
- Hearing loss

Gastrointestinal

- Colon polyps
- Diverticulosis or diverticulitis
- Hemorrhoids
- Hepatitis (type): _____
- Irritable bowel syndrome
- Reflux disease (GERD)
- Ulcers, stomach or duodenal

Genitourinary, STD, Reproductive

- Endometriosis
- Genital herpes or warts
- HIV/AIDS
- Infertility
- Menopause (age) _____
- Prostate enlargement (BPH)
- Sexually transmitted infections
- Urinary incontinence
- Urinary tract infections (frequent)
- Vaginal yeast or infections (frequent)

Heart and Vascular

- Angina (cardiac chest pain)
- Atrial fibrillation
- Congestive heart failure
- Coronary disease or heart attack
- High blood pressure
- High cholesterol

Kidney

- Kidney failure
- Kidney stones

Lung and Respiratory

- Asthma
- Sleep apnea
- Emphysema (COPD)
- Tuberculosis or positive PPD

Mental Health

- Addiction to drugs
- Alcoholism
- Anxiety
- Depression
- Insomnia

Musculoskeletal

- Back/neck pain
- Gout
- Osteoarthritis
- Rheumatoid arthritis

Neurological

- Alzheimer's dementia
- Migraine/tension headaches
- Multiple sclerosis
- Seizures or epilepsy
- Stroke

Skin

- Acne
- Cold sores
- Eczema
- Psoriasis
- Skin cancer or pre-cancer

Other

- (Specify): _____
- (Specify): _____