# HEALTH QUESTIONNAIRE

DATE:

LAST NAME FIRST NAME DOB

## Reason for Visit

Do you have pending a settlement about disability, workers' compensation or a legal matter? ❑Yes ❑No

## Allergies

❑ No known drug allergy    Latex ❑ No ❑Yes    Dye ❑ No ❑Yes

## Medications

*Include those you buy without prescription like Aspirin / NSAIDS*

## Social History

❑ Use of alcohol ❑ Use of tobacco ❑ Use of drugs

Marital status: ❑Single ❑Married ❑Divorced ❑Widowed

Current employment status: ❑Employed ❑Unemplyed ❑Retired

## Hospitalizations Surgeries

## Family History

*if any blood relative has suffered any of following -please circle the number & indicate which relative*

1)diabetes
2)asthma
3)heart disease
4)high blood pressure
5)high cholesterol
6)cancer

**Pain related family history:**

1) chronic neck pain
2) chronic back pain
3) migraine
4) chronic headache
5) lupus
6) multiple sclerosis
7) fibromyalgia
8) rheumatoid arthritis
9) epilepsy
10) suicide
11) alcoholism
12) drug abuse
13) depression
14) panic disorder
15) schizophrenia

## Past Medical History

*Mark (C) for Current problem and indicate when you had any of following symptoms or diseases*

❑ Low blood count (anemia)
❑ Easy Bleeding
❑ HIV Positive

❑ Headaches / migraine
❑ Facial Pain
❑ TMJ pain
❑ head injury

❑ Double vision
❑ Glaucoma: R / L
❑ ringing in ears
❑ hoarseness
❑ bleeding gums
❑ difficulty swallow

❑ Sortness of breathing
❑ Chronic Bronchitis
❑ Asthma
❑ TBC

❑ High Blood Pressure
❑ Heart Attack
❑ Heart Failure
❑ Poor circulation
❑ Varicose Veins
❑ Blood Clots
❑ Swelling of ankle

❑ loss of appetite
❑ weight loss
❑ Nausea / vomiting
❑ Reflux / acidity / ulcer

❑ Hiatal Hernia
❑ colitis
❑ Chron's disease
❑ Hepatitis

❑ difficulty initiating urination
❑ bladder incontinence
❑ Male:Prostate Problems
❑ Female: LMP____
❑ Menopause

❑ Diabetes
❑ Thyroid Disease

❑ Myofascial Pain
❑ Arthritis
❑ cramping of legs ( walking or at rest)
❑ Osteoporosis
❑ Gout
❑ Fracture

❑ Stroke
❑ Seizures
❑ Paralysis
❑ Parkinson's disease
❑ Multiple sclerosis

❑ Depression
❑ Anxiety
❑ Schizophrenia
❑ Suicidal ideation

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