

# Health Questionnaire

Last

First

Middle

Do you have any general health problems?

Are you taking any medications?

Have you ever been hospitalized? \_\_\_\_\_

If yes, please specify \_\_\_\_\_

Are you under a physician's care? \_\_\_\_\_

Physician's name and phone number \_\_\_\_\_

Please answer yes or no to each of the following questions. Do you have or have you ever had or been advised of any of the following? :

Poor Health \_\_\_\_\_  
Recent Illness \_\_\_\_\_  
Heart Trouble \_\_\_\_\_  
Murmur, MVP \_\_\_\_\_  
Rheumatic Fever \_\_\_\_\_  
High, Low Blood Pressure \_\_\_\_\_  
Stroke \_\_\_\_\_  
Epilepsy, Seizure \_\_\_\_\_  
Asthma \_\_\_\_\_  
Lung Disease \_\_\_\_\_  
Bronchitis \_\_\_\_\_  
Sinus Problems \_\_\_\_\_  
Persistent Cough \_\_\_\_\_

Cancer \_\_\_\_\_  
Kidney Trouble \_\_\_\_\_  
Ulcer \_\_\_\_\_  
Thyroid \_\_\_\_\_  
Arthritis \_\_\_\_\_  
Allergies \_\_\_\_\_  
Diabetes \_\_\_\_\_  
Anemia \_\_\_\_\_  
Jaundice, Hepatitis A, B, C \_\_\_\_\_  
Sexually Transmitted Disease \_\_\_\_\_  
HIV, AIDS \_\_\_\_\_  
Joint Replacement \_\_\_\_\_  
Other \_\_\_\_\_

Women:

Are you pregnant or think you may be pregnant? \_\_\_\_\_

Are you nursing? \_\_\_\_\_

Are you taking birth control pills? \_\_\_\_\_

(If the need for antibiotics arises, you need to know that they decrease the effectiveness of some types of birth control pills.)

Do you use tobacco? \_\_\_\_\_

Allergies:

Penicillin \_\_\_\_\_

Novicane \_\_\_\_\_

Epinephrine \_\_\_\_\_

Other \_\_\_\_\_

Asprin \_\_\_\_\_

Sulfa \_\_\_\_\_

Codeine \_\_\_\_\_