ates Revised:	

## **HEALTH HISTORY QUESTIONNAIRE**

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

					□м	□F	DOB:		
Marital	status: Sir	igle Partnered	☐ Married	☐ Separated	☐ Divorced	☐ Wi	dowed		
Previou	s or referring d	loctors			Date of I	ast phys	ical exam:		
			PER	SONAL HEAL	TH HISTORY				
Childho	od illness:	☐ Measles ☐ Mump	os 🗆 Rubella	☐ Chickenpox	☐ Rheumatic	Fever	☐ Polio		
	izations and	Tetanus			☐ Pneum	nonia			
dates:		☐ Hepatitis			☐ Chicke	npox			
		☐ Influenza			☐ MMR A	Measles, Mo	nps, Rubella		
List any	medical proble	ems that other doc	tors have dia	gnosed					
Surgerio	es							-	 
	The state of the s								
Year	Reason						Hospital		
Year							Hospital		
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ist your pre	scribed drugs and over-	the-counter drugs,	such as vitamins and inha	lers				
lame the Drug	9	Strength		Frequency Taken				
							_	
							_	
					2			
Allergies to	medications							
Vame the Dru	g	Reaction Yo	u Had				-	-
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to the same	server province to the	MEATTH M	ABITS AND PERSONAL	SAFFTY	1200	Sola	12174	in i
	1197-179	MEACHI III	ADITS AND PERSONAL	SALETT		-		100
	ALL QUESTIONS CONTA	INED IN THIS QUESTION	ONNAIRE ARE OPTIONAL AN	D WILL BE KEPT STRICTLY	CONFIDEN	ITIAL.		
Exercise	Sedentary (No ex							
	☐ Mild exercise (i.e.,	, climb stairs, walk 3 bl	locks, golf)					
	Control Contro	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM	Occasional vigorous exercise (i.e., work or recreation, less than 4x/week for 30 min.)					
			or real control of temp of mile my	cut for bu filling				
	Regular vigorous	exercise (i.e., work or	recreation 4x/week for 30 min					
Diet	Regular vigorous  Are you dieting?	exercise (i.e., work or				☐ Ye	s   C	] No
Diet	Are you dieting?	exercise (i.e., work or on the control of the contr	recreation 4x/week for 30 mi			☐ Ye		] No
Diet	Are you dieting?	physician prescribed me	recreation 4x/week for 30 mi					1000
Diet	Are you dieting?  If yes, are you on a p	physician prescribed me	recreation 4x/week for 30 mi					1000
Diet	Are you dieting?  If yes, are you on a p # of meals you eat in	ohysidan prescribed me n an average day?	recreation 4x/week for 30 mi	nutes)				1000
	Are you dieting?  If yes, are you on a p # of meals you eat in Rank salt intake	ohysician prescribed me n an average day?	recreation 4x/week for 30 mi	nutes)				1000
	Are you dieting?  If yes, are you on a p # of meals you eat in Rank salt intake Rank fat intake	ohysidan prescribed man average day?  ☐ Hi ☐ Hi ☐ Coffee	recreation 4x/week for 30 mi	Low Low			s   C	] No
Diet  Caffeine	Are you dieting?  If yes, are you on a p # of meals you eat in Rank salt intake  Rank fat intake	ohysidan prescribed men an average day?  ☐ Hi ☐ Hi ☐ Coffee	recreation 4x/week for 30 mi	Low Low			s   C	1000
Caffeine	Are you dieting?  If yes, are you on a p # of meals you eat in Rank salt intake Rank fat intake  □ None # of cups/cans per d	ohysidan prescribed men an average day?  ☐ Hi ☐ Hi ☐ Coffee	recreation 4x/week for 30 mi	Low Low		☐ Ye	s   C	] No
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Caffeine	Are you dieting?  If yes, are you on a p # of meals you eat in Rank salt intake Rank fat intake  □ None # of cups/cans per d Do you drink alcohol If yes, what kind? How many drinks pe	ohysidan prescribed mo a an average day?  ☐ Hi ☐ Hi ☐ Coffee lay?	recreation 4x/week for 30 mi	Low Low		☐ Ye	s C	No
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