

**Personal and Family Questionnaire**

Please complete **both** sides

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

**Personal Medical History:**

***Dates of Health Maintenance:***

<b>Test:</b>	<b><i>Date last Performed:</i></b>	<b>Test:</b>	<b><i>Date last Performed:</i></b>	<b>Test:</b>	<b><i>Date last Performed:</i></b>
<b>Physical</b>		<b>Bone Density</b>		<b>Echocardiogram</b>	
<b>PAP</b>		<b>Colonoscopy</b>		<b>Exercise Stress</b>	
<b>Sleep Study</b>		<b>PFT</b>		<b>Chest X-Ray</b>	
<b>Mammography</b>		<b>Prevnar Vaccine</b>		<b>Flu Vaccine</b>	
<b>Zosta Vaccine (Shingles)</b>		<b>Pneumonia Vaccine</b>		<b>Lab Testing/ Lyme</b>	

Allergies: \_\_\_\_\_

Skin testing/ RAST Lab: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Foot Exam and Doctor (If Diabetic): \_\_\_\_\_

Eye Exam and Doctor (If Diabetic): \_\_\_\_\_

Surgeries: \_\_\_\_\_

Hospitalizations: \_\_\_\_\_

Medications: \_\_\_\_\_

**Family Medical History: (Please list any known illness, cancers or medical conditions, if relative is living or deceased [if so cause of death])**

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Siblings: \_\_\_\_\_

Other Family Members: \_\_\_\_\_

**Please complete both sides**

**Social History:**

Marital Status: \_\_\_\_\_

Number of Children: \_\_\_\_\_

Miscarriage or Abortion: \_\_\_\_\_

Occupation: \_\_\_\_\_

Lives with: \_\_\_\_\_

**Personal Habits:**

Diet: (Circle one) **Diabetic**      **Cardiac**      **Low Salt**

**Other:** \_\_\_\_\_

**Have you ever smoked? (Select one)**

**Never**      **Former**      **Current** # of packs per day:

Amount of Alcohol: \_\_\_\_\_ Daily / \_\_\_\_\_ Weekly / \_\_\_\_\_ Other

Illegal Drug Use (Type): \_\_\_\_\_

Daily Caffeine (Coffee, Tea, Soda): \_\_\_\_\_

Exercise Type/Frequency: \_\_\_\_\_

Sleep Habits: \_\_\_\_\_

Hand Dominance: R \_\_\_\_\_ L \_\_\_\_\_

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

Primary Care Physician: \_\_\_\_\_

Person filling out the form: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please log into your patient portal to complete your medical history online. If you are unable to complete the history online a representative from the office will contact you to complete the history over the phone. If a representative has not taken your history prior to your appointment please complete this form and bring with you on the day of your scheduled appointment.