



**Patient Questionnaire**

Date \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Referring Doctor \_\_\_\_\_

Primary Doctor \_\_\_\_\_

Reason for today's visit \_\_\_\_\_

**PATIENT MEDICAL HISTORY**

**HAVE YOU HAD OR CURRENTLY BEING TREATED FOR ANY OF THE FOLLOWING:**

- Aneurysm .....  Yes
- Arthritis .....  Yes
- Artificial Heart Valve.....  Yes
- Arrhythmia (Irregular Heart Beat) .....  Yes
- Bipolar Disease .....  Yes
- BPH (Enlarged Prostate).....  Yes
- Cancer .....  Yes  
     Location: \_\_\_\_\_
- Cataracts.....  Yes
- Congestive Heart Failure .....  Yes
- COPD.....  Yes
- CVA (Stroke).....  Yes
- Coronary Heart Disease .....  Yes
- DVT (Blood Clot).....  Yes  
     Location: \_\_\_\_\_
- Dementia .....  Yes
- Diabetes.....  Yes
- Diverticulitis .....  Yes
- Endometriosis .....  Yes
- GERD (Acid Reflux).....  Yes
- Glaucoma .....  Yes
- Gout.....  Yes
- Heart Attack.....  Yes
- Hematuria.....  Yes
- Hemorrhoids .....  Yes
- Hepatitis .....  Yes
- Hyperactivity.....  Yes
- Hypertension (High Blood Pressure).....  Yes
- Impotence.....  Yes
- Irritable Bowel Syndrome.....  Yes
- Kidney Stone.....  Yes
- Liver Disease .....  Yes
- Mitral Valve Prolapse .....  Yes
- Parkinson's Disease .....  Yes
- Peptic Ulcer Disease .....  Yes
- Renal Cyst.....  Yes
- Renal Failure (Kidney Failure).....  Yes
- Schizophrenia.....  Yes
- Seizure Disorder.....  Yes
- Thyroid Disease .....  Yes
- Urinary Incontinence.....  Yes
- Urinary Tract Infection .....  Yes

**PATIENT SURGICAL HISTORY**

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**PATIENT FAMILY HISTORY:**

*Have any of your blood relatives had and/or have any of the following?*

- Heart Disease                       Diabetes
- Kidney Stones                       High Blood Pressure

*If Cancer, please indicate which family member(s)*

- Cancer \_\_\_\_\_
- Breast \_\_\_\_\_
- Colon \_\_\_\_\_
- Prostate \_\_\_\_\_

**PATIENT SOCIAL HISTORY:**

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

Marital Status: Single    Married    Divorced    Widow

Tobacco:     never                       previously, but quit  
                    current \_\_\_\_\_ packs/day     dip/chew

Alcohol:     never     rarely     moderate     daily

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