

Medical Questionnaire

Date: _____

Name: _____ DOB: _____

Phone #: _____ Email: _____ Pharmacy: _____

Gender: Male, Female, Female-to-Male, Male-to-Female, Genderqueer, other: _____

Sex on birth certificate: Male or Female **Pronoun:** He/Him She/Her They/Them

Marital Status: Married Single Divorced Widowed **Number of Children:** _____

Employer: _____ **How did you hear about us?** _____

Current Medications: Name, milligram, and frequency: (include over the counter meds)

_____ ; _____ frequency _____ ; _____ frequency

_____ ; _____ frequency _____ ; _____ frequency

_____ ; _____ frequency _____ ; _____ frequency

Medication Allergies: _____

Past medical history: Diabetes High Blood Pressure Thyroid Stroke Heart Attack Cancer

Other: _____

Females: Date of last: mammogram: _____ Menstrual cycle: _____

Pap smear: _____, Medical Provider: _____ Colonoscopy: _____

Name of birth control: _____ Surgical history: _____

Male: Last colonoscopy _____ PSA Date: _____

Surgical history: _____

Social History: Cigarettes: yes no pack(s) a day: _____ years _____ Quit when: _____

Alcohol: yes no how many per: _____ Month _____ Quit? When: _____

History of substance abuse: _____

Coffee: yes no cups per day: _____ soda/tea _____ Energy drinks: _____

Vaccinations: Shingles yes or no Date: _____ Pneumonia: yes no Date: _____

Flu yes no Date: _____ Tetanus Booster: yes no Date: _____ Hep B yes no Date: _____

Family Medical History: Circle disease that is associated with the family member listed.

Mother's Mother: Diabetes / High Blood Pressure / Thyroid / Stroke/ Heart Attack /Cancer/ High Cholesterol

Mothers' Father: Diabetes / High Blood Pressure / Thyroid / Stroke/ Heart Attack /Cancer/ High Cholesterol

Fathers' Mother: Diabetes / High Blood Pressure / Thyroid / Stroke/ Heart Attack /Cancer/ High Cholesterol

Fathers' Father: Diabetes / High Blood Pressure / Thyroid / Stroke/ Heart Attack /Cancer/ High Cholesterol

Brother(s) Diabetes / High Blood Pressure / Thyroid / Stroke/ Heart Attack /Cancer/ High Cholesterol

Sister(s) Diabetes / High Blood Pressure / Thyroid / Stroke/ Heart Attack /Cancer/ High Cholesterol

Other: _____