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MEDICAL ASSOCIATES OF BREVARD

HEALTH HISTORY QUESTIONNAIRE

Patient's Name _____ Age _____ DOB____/____/_____

Address _____ Male _____ Female _____

Home Phone _____ Cell Phone _____ Work Phone _____

Referred by _____ Today's Date _____/_____/_____

Current Complaint/Illness (Please Describe) _____

_____

_____

Past Medical History:

Major Childhood Illnesses	Age	Medical Allergies	Reaction

Adult Medical Illnesses	Date	Current Medications	Dosage

Previous Surgeries	Date

Have you ever had a blood transfusion? _____

Married ____ Single ____ Separated ____ Windowed ____

Children	Age

Highest Level of Education _____

Occupation _____

	Amount	Duration
Cigarettes	_____	_____
Pipe/Cigar	_____	_____
Chewing	_____	_____
Alcohol	_____	_____

Check the tests/exams you have had previously — Date of Exam

- [ ] Chest X-ray _____
- [ ] Electrocardiogram _____
- [ ] Treadmill _____
- [ ] Upper GI X-ray _____
- [ ] Colan X-ray _____
- [ ] Flexible Sigmoidscopy _____
- [ ] Mammogram _____
- [ ] Pap Smear _____
- [ ] T.B. Test _____
- [ ] Cholesterol _____

List Family Health History:

Mom _____

Dad _____

Sister_____

Sister_____

Brother _____

Brother _____

Review of Symptoms–Place an (X) before signs/symptoms which you frequently have, had or presently have.

General:
___Fever (780.6)
___Night Sweats
___Fatigue easily (780.7)
___Weight Loss – List Pounds (783.2)
___Weight Gain – List Pounds (783.1)
___Recent loss of appetite (783)
___Shaking/Chills (780.99)

Neurological:
___Lightheadedness (780.4)
___Fainting Spells (780.2)
___Convulsions (780.3)
___Tremors (781.0)
___Sudden periodic loss of vision (368.8)
___Sudden fall to floor without loss of consciousness
___Memory loss (384.3)

Musculoskeletal:
___Painful joints (719.48)
___Swollen joints
___Back pains (724.5)
___Shoulder pains (719.41)
___Generalized muscle ache (729.1)
___Swollen/painful big toe
___Morning stiffness of joints (719.50)

Nose:
___Congestion frequently (478.19)
___Nose bleeds frequently (784.7)

Eyes:
___Eyesight worsening (368.8)
___Night sweats
___Fatigue easily (780.7)

Mouth:
___Dental problems/toothache (525.9)
___Easy bleeding of gums (523.8)

Head:
___Frequent Headaches (784.0)
___Painful or tender
___Acute sinus problems (461.9)

Neck:
___Neck pains (723.1)
___Neck lumps or swelling
___Stiffness of Neck (723.5)

Throat:
___Hoarse Voice (784.49)
___Fatigue easily (780.7)

Lungs:
___Wheezing (786.07)
___Shortness of breath (which wakes you up at night) (786.05)
___Shortness of breath (which rapidly develops upon walking) (786.2)
___Cough with sputum (786.2)
___Cough without sputum (786.2)
___Coughing up blood (786.3)
___History of Tuberculosis
___Pain with breathing

Skin:
___Itching of skin (689.9)
___Bruise easily (159.89)

Sleep Problems:
___Loud snoring or problems breathing while sleeping (786.09)
___Sleep disturbance (780.5)
___Excessively tired during the day

Heart:
___High Blood Pressure
___Attacks of Racing Heart Beats
___Chest Pains (786.5)
___Dizzy Spells
___Swollen Feet or Ankles (782.3)
___Leg cramps from walking (440.21)
___History of Heart Murmur (785.2)

Digestive:
___Difficulty swallowing (784.5)
___Pain on swallowing (787.20)
___Heartburn (530.81)
___Stomach pains (789.00)
___Diarrhea (787.91)
___Vomiting (787.01)
___Vomiting blood or coffee ground colored material (518.0)
___Black Stools (578.1)
___Constipation (465.00)
___Yellow Jaundice (782.4)

Urinary Tract:
___Frequent Urination (788.41)
___Get up at night to urinate
___Burning upon urination (788.1)
___Wet pants on coughing/straining
___History of kidney stones (592.0)

Male Genital:
___Difficulty urinating (788.64)
___Weak stream
___Discharge from penis (788.7)
___Sores on penis
___History of venereal disease
___Difficulty obtaining erection
___Painful testicles
___Swelling or lumps on testacies
___Prostate trouble

Female Genital:
___Vaginal discharge (112.1)
___History of venereal disease
___Vaginal itching
___List age of onset menstrual cycle if menstruation has ceased, list age at which it stopped _____
___Menstruation problems
___Break through bleeding
___Excessively heavy bleeding
___Excessively light bleeding

Breasts (M&F):
___Soreness of breasts (611.71)
___Discharge from breasts (611.79)
___Recent enlargement
___History of breast cancer (474.9)
___Breast lump (611.72)

Ankle/Foot:
___Foot/ankle injury
___foot/ankle pain (719.47)
___Foot/toe deformity
___Bunions/Hammer toes