Dr. Sue Mitra, MD
397 N. Wickham Road, Suite 101
Melbourne, FL 32935
Phone: (321) 622-6222 | Fax: (321) 622-6660

HEALTH HISTORY QUESTIONNAIRE

Name:_____ DOB:_____/_____/_____ Sex:_____

Marrital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed

FAMILY HISTORY

FAMILY	AGE	ILLNESSES	CAUSE OF DEATH IF DECEASED	AGE DECEASED
Mother				
Father				
Siblings How Many?_____				
Children How Many?_____				

CURRENT MEDICATIONS

Drug Name/Strength	Dosage Amount

DRUG ALLERGIES

Drug Name	Reaction

OPERATIONS/HOSPITALIZATIONS

Surgery/Hospitalizations	Approximate Date/Year