

NAME:

Date:

GENERAL MEDICAL QUESTIONNAIRE

Family/Medical Doctor:

Referred by:

What is the major reason for your visit today? _____

PLEASE CIRCLE:

CURRENT SYMPTOMS:

SKIN: itching, eczema, rash, athlete's foot, jock itch

NOSE: nasal congestion/block, drainage, bleeding, dryness

SINUS: pain, pressure over face, tooth pain, infections

EYES: itch, burn, dry, swelling, tearing, redness, pain, glaucoma, vision changes, contacts

THROAT: pain or problems swallowing, hoarse, infections, pain, swelling, lump, burning

EARS: change in hearing, fullness, pressure, infection, ringing, balance problems

LUNGS: shortness of breath, chest tightness, cough, wheezing, asthma, bronchitis, pneumonia, exercise problems

STOMACH: bad taste in mouth, bad breath, diarrhea, irregular stools, irritable bowel

General Health: good fair poor

Childhood: ear infections, throat infections, strep throat, colic asthma, mono, rashes

Adult illness: High BP, Ulcer, heart problems, heart attack, thyroid, migraine, cancer, stroke, diabetes, HIV, hepatitis. Other:

Family history: asthma, bleeding problem, cancer, diabetes, drug/alcohol, glaucoma, heart disease, high blood pressure, mental illness, strokes, allergy, eczema, food reaction, thyroid problems.

Current Medications: (Beta blockers):

Supplements:

Allergies: latex, penicillin, sulfa, antibiotics, anesthetic, food, adhesive

Social: single, married, divorced

Work(job):

student(school and grade):

Alcohol:

tobacco(current and past):

Illicit drugs:

exercise: