

ADULT HEALTH QUESTIONNAIRE

rev 03/24

Welcome to our practice. We greatly appreciate your choosing us to provide care for your family. To allow us to learn more about you, we will be asking you about your present medical condition and problems. For confidentiality, please give it to your physician upon completion.

1. When was your last comprehensive health examination (blood tests, EKGs, etc.)? Date: ___ / ___ / ___

Note: Patients with a chronic medical problem or with a strong family history of chronic problems should have an annual health evaluation. We recommend a comprehensive evaluation for healthy individuals every 1-2 years until age 49, and annually after the age of 50.

2. Please list any allergies: _____

3. Please list your current medical problems:

_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Please list your current medications:

_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Please list your past surgeries:

6. Do you have a family history of medical, mental or hereditary problems? Yes ___ No ___

Please list:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. For women, when was the: Date of last mammogram: ___ / ___ / ___
Date of last pap smear: ___ / ___ / ___

Note: Breast cancer is the most common female cancer in the US. The best approach is early detection by becoming aware of changes in the look and feel of your breasts, an annual breast exam by your physician and periodic mammograms.

Name: _____
DOB: _____
Today's date: _____