



Patient Medical/Surgical History Questionnaire

Name _____ Date of Birth: _____ Today's Date _____

Referred By _____

Reason for Visit _____

Allergies (None) _____

OB-Gyn History

Date of last menstrual period _____
 Age at first period _____
 How often do you have a period? _____
 Days of flow _____
 Number of pads/tampons used on heaviest day _____
 Pain or cramps Y N
 Do you ever miss school/work because of your period Y N

Sexually active Y N
 Method of birth control _____
 Abnormal Paps Y N
 New or changing lump in the breast Y N

Additional Concerns _____

Immunizations (Please enter date of most recent)

Flu _____ Gardasil _____ Pneumonia _____ Tetanus _____ Zostavax _____

Procedures (Please enter date of most recent)

Pap _____ Mammogram _____ Bone Density _____ Colonoscopy _____

Deliveries

Number of times pregnant _____

Number of miscarriages/abortions _____

DATE	WEEKS	WT OF BABY	TYPE DELIVERY	COMPLICATIONS

Surgeries (List every surgery and date)

Social History

Smoke Y N Packs per day/week _____
 Alcohol Y N units per day _____ (a unit is 8oz. beer, 4 oz. wine or 1 oz. liquor)
 Caffeine Y N
 Street Drugs Y N

Family History

	Relationship		Relationship
Alcoholism		Heart disease	
Bleeding disorder		High blood pressure	
Blood clots		Mental illness	
Cancer		Stroke	
Diabetes		Thyroid Problems	
Osteoporosis			

Medical Conditions

Check all that you have or have had, check “C” for Current conditions & “P” for Past conditions

Cardiac/Blood vessels	C	P	Respiratory	C	P	GI	C	P
no problem			no problem			no problem		
anemia			allergies			irritable bowel syndrome		
arrhythmia			asthma			acid reflux		
bleeding tendency			bronchitis			colitis		
blood clots			COPD			difficulty swallowing		
high blood pressure			difficulty breathing			diverticulitis		
high cholesterol			pneumonia			hemorrhoids		
poor circulation			sleep apnea			hernia		
Neurologic			TB			liver disease		
no problem			Musculoskeletal			ulcer		
migraines			no problem			Urinary		
multiple sclerosis			arthritis			no problem		
neuropathy			back/neck problems			incontinence		
Parkinsons			difficulty walking			kidney stones		
seizures			fibromyalgia			urinary tract infection		
stroke			fracture			Endocrine		
TIA			limited movement			no problem		
tremor			Mental Health			Adrenal disease		
Infection			no problem			Diabetes		
no problem			anxiety			Thyroid disease		
Hepatitis A B C			chemical dependency			Eye/Ear		
HIV/AIDS			chronic pain			no problem		
MRSA			dementia			glaucoma		
Skin			depression			glasses/contacts		
no problem			insomnia			hearing loss/aid		
open sore			bad nerves			Cancer		
rash						no problem		
						type		