

East Aurora Family Practice

Welcome to our practice

HEALTH HISTORY QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential and will become part of your medical record.

Name (Last, First, M.I.):		<input type="checkbox"/> M <input type="checkbox"/> F	Today's Date:	DOB
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
Precious Doctor:			Date of last physical exam:	
Personal Health History				

Childhood Illness: <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Chickenpox <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Polio				
Immunizations and dates:	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Pneumonia		
	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Chickenpox		
	<input type="checkbox"/> Influenza	<input type="checkbox"/> MMR Measles, Mumps, Rubella		

Chief Complaints (please list (in order of importance) the present health concerns, symptoms, or problems you are experiencing)

History of Present Illness

Location _____ (Where is the Pain/Problem)	Quality _____ (Example: normal versus abnormal color, activity, etc)
Severity _____ (How severe is the pain/problem on a scale of 1-5 [5 being the most severe])	Duration _____ (how long have you had this pain/problem, or when did it start?)
Timing _____ (Does this pain/problem occur at a specific time?)	Context _____ (Where were you at the time of onset of this pain/problem)
Associated Signs/Symptoms _____ (what other associated problems have you been having)	Modifying Factors _____ (What makes the pain/problem worse or better? Have you had previous episodes?)

List any medical problems that other doctors have diagnosed

Surgeries

Year	Reason	Hospital

Other Hospitalizations

Year	Reason	Hospital

Have you ever had a blood transfusion? Yes No