

Full Legal Name:

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Date of Birth:

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First Name that You Like to be Called:

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## Health History Questionnaire

Please answer questions as they pertain to your personal health history, **NOT** family history.

### Substance Use

1. Do you, or have you ever, used any tobacco products?

- Never used tobacco
- Former Smoker                       Current Smoker
- Former Chewer                       Current Chewer
- Former Vaper                       Current Vaper

2. What is your level of alcohol consumption?

- None
- Occasional
- Moderate
- Heavy

3. Have you ever used any IV drugs?

- No                       Yes

### Advanced Directive

4. Do you have an advanced directive?

- No                       Yes

5. Is blood transfusion acceptable in an emergency?

- No                       Yes

### Surgical History

Procedure:

Date:

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## Surgical History - continued

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**Past Medical History** – Circle **ALL** that apply to **YOU** personally, not other family members

ADD/ADHD	Coronary Artery Disease	Kidney Stones
AIDS/HIV	Depression	Liver Disease
Allergies/Hay fever	Diabetes	Lung Disease
Anemia	Difficulty Swallowing	Mental Disorder
Anesthesia Complications	Diverticulitis	Muscle Problems
Anxiety Disorder	Ear or Hearing Problems	Obesity
Arthritis	Eating Disorder	Osteoporosis
Asthma	Eczema/Skin Problems	Ovarian Cancer
Autism Spectrum Disorder (ASD)	Endometriosis	Polyps
Birth Defects or Inherited Diseases	Fibromyalgia	Pre-Eclampsia
Bladder or Kidney Problem	GI Problems	PTSD
Blood Diseases	Gout	Pulmonary Embolism
Blood Transfusion	Headaches	Reflux/GERD
Breast Cancer/Problems	Heart Problems	Seizures/Epilepsy
Bone Problems	Hepatitis	Stroke
Chronic Ear Infections	High Cholesterol	Thrombophilia
Congestive Heart Failure (CHF)	Hypertension	Thyroid Problems
Constipation	Joint Problems	Vision/Eye Problems
COPD	Kidney Disease	

## Obstetric History (for females only)

1. How many total pregnancies have you had? \_\_\_\_\_
  - a. Living children \_\_\_\_\_
  - b. Premature births \_\_\_\_\_
  - c. Induced Abortions \_\_\_\_\_
  - d. Miscarriages \_\_\_\_\_
  - e. Ectopic Pregnancy \_\_\_\_\_
  - f. Multiple Births \_\_\_\_\_