

# General Medical History Questionnaire

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Do any of the following pertain to you? [Circle all that apply]

- |                      |                      |                      |
|----------------------|----------------------|----------------------|
| Anemia               | Dizzy Spells         | Parkinsons           |
| Anxiety              | Emphysema/Bronchitis | Pregnant [currently] |
| Arthritis            | Fractures            | Rheumatoid Arthritis |
| Asthma               | Gallbladder Problems | Seizures             |
| Cancer               | Hepatitis            | Speech Problems      |
| Cardiac Conditions   | High Blood Pressure  | Strokes              |
| Cardiac Pacemaker    | Incontinence         | Thyroid Disease      |
| Chemical Dependency  | Kidney Problems      | Tuberculosis         |
| Circulation Problems | Metal Implants       | Vision Problems      |
| Depression           | Multiple Sclerosis   |                      |
| Diabetes             | Osteoporosis         |                      |



Do you have any allergies? Yes No

If YES, please explain. \_\_\_\_\_

Falls history:

Have you had an injury as the result of a fall in the last year? Yes No

If YES, please explain. \_\_\_\_\_

Surgical History:

Surgery type: \_\_\_\_\_ Date: \_\_\_\_\_

Surgery type: \_\_\_\_\_ Date: \_\_\_\_\_

Surgery type: \_\_\_\_\_ Date: \_\_\_\_\_

Current Medications:

Drug: \_\_\_\_\_ Dose: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Drug: \_\_\_\_\_ Dose: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Drug: \_\_\_\_\_ Dose: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Drug: \_\_\_\_\_ Dose: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Drug: \_\_\_\_\_ Dose: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Drug: \_\_\_\_\_ Dose: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Drug: \_\_\_\_\_ Dose: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Drug: \_\_\_\_\_ Dose: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Are there any other conditions that we should know about?

\_\_\_\_\_  
\_\_\_\_\_