HAUW T. HAN, MD MEDICAL QUESTIONNAIRE

Name of Patient:_____ Age:_____

Referred by:_____ Name of primary care doctor:_____

Reason for seeing doctor: _____

When problem first occurred or date of injury: _____

Describe history of problem or circumstances of injury:_____

_____

_____

If injury: Treated at which Emergency Room: _____

Were x-rays taken:_____ Date of last Tetanus shot: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS.

1. Have you ever suffered from or had *(check all that apply)*: ❑ Heart disease ❑ Chest disease ❑ High Blood pressure ❑ Diabetes ❑ Blood disease ❑ Jaundice ❑ Kidney disease ❑ Glaucoma ❑ Cancer ❑ None

2. Have you recently had *(check all that apply)*: ❑ A cold ❑ Sore throat ❑ Flu ❑ None
   Have you had a recent *(check all that apply)*: ❑ Chest x-ray ❑ Electrocardiogram(EKG) ❑ None

3. Have you ever been treated for Anemia? ❑ Yes ❑ No Do you bruise easily? ❑ Yes ❑ No

4. Have you ever had problems with *(check all that apply)*: ❑ bleeding ❑ Blood clots in the legs ❑ lungs ❑ None

5. Do you suffer from *(check all that apply)*: ❑ Hay fever ❑ allergies ❑ None

6. Are you ALLERGIC to any medications? ❑ Yes ❑ No If so, which drugs: _____
   _____
   What kind of reaction do you get if you take them:_____
   _____

7. Have you or any relative had a bad reaction to General or local anesthesia ❑ Yes ❑ No If yes, explain: _____
   _____

8. Have you taken any of the following in the last six months *(check all that apply)*: ❑ aspirin ❑ tranquilizers ❑ water pills ❑ blood pressure pills ❑ pain pills ❑ antihistamines ❑ None
   If so, when: _____
   _____

9. What medications are you currently taking: _____
   _____
   _____

10. Do you have any of the following habits *(check all that apply)*: ❑ Alcoholic beverages Frequency_____
    ❑ Smoking Frequency_____ ❑ Recreational Drugs Frequency_____ ❑ None

11. Have you had any previous surgeries including Plastic Surgery: What kind / When / Where
    _____
    _____

12. Have you ever consulted a professional for emotional problems ❑ Yes ❑ No If yes, explain:_____
    _____

13. When was the last time you had a complete medical examination:_____