HOLVIK FAMILY HEALTH CENTER

Date ______________ Health Questionnaire Chart #__________

Name:________________________________ **Date of Birth**: ___________________ **Sex: M F**

The confidential answers you give on this form will provide important background information for your doctor. Feel free to discuss any questions with the doctor. Please answer all questions to the vest of your recollection.

MEDICAL HISTORY

Past Medical Problems: (examples: measles, Chicken pox, Hepatitis, Pneumonia, Heart attack, Stroke etc.)

1. ____________________ 4. ____________________
2. ____________________ 5. ____________________
3. ____________________ 6. ____________________

Current Medical Problems: (examples: asthma, diabetes, high blood pressure, headaches, cancer, AIDS, etc.)

1. ____________________ 4. ____________________
2. ____________________ 5. ____________________
3. ____________________ 6. ____________________

Operations: (examples: Appendix, C-section Gallbladder, Hysterectomy, Tonsillectomy, ect.)

	Dates
1.	
2.	
3.	
4.	
5.	
6.	

Serious Injuries: (examples: Auto Accidents, Hernia, Fractures, Wounds, Head Injuries, ect.)

	Dates
1.	
2.	
3.	
4.	
5.	
6.	

Hospitalizations: List reasons why and dates

	Dates
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Medications: List all medications you currently take. Include prescription medications, vitamins, aspirin, over the counter medication, cold remedies, birth control pills, ect.

1.	4.
2.	5.
3.	6.

ALLERGIES to medications	Reactions to medications
1.	1.
2.	2.
3.	3.

Health Habits

	Yes	No	How much per day
1. Do you drink alcohol?			
2. Do you smoke?			Quit when:
3. Do you use caffeine?			
4. Do you use illegal Drugs?			Type: Amount:

What type of exercise do you get? ______

Menstrual History (for women only) Age of first Menstrual Period ______ Number of Children ______

Marital Status: Single ______ Married ______ Widow(er) ______ Separated______ Divorced______

Occupation:______ Employed: Yes No Student: Yes No Retired: Yes No

Highest level of Education:______ Hobbies: ______

FAMILY HISTORY

List all brothers, sisters sons and daughters	Living	Dead	Age	List major medical problems and things that run in the family
Father				
Mother				
Brother				