	out us? (please circle i rnet Signage/Advert	tising Other:	Reviewed by Provider: Scanned/Entered by:
		HEALTH QUESTIONNAIRE	
The purpose of this	questionnaire is to e	nsure that your electronic medical	record contains complete and up-to-dat
information so we o	an provide you with o	optimal comprehensive care. Pleas	e fill in the relevant sections to the best
your ability and	give to your health ca	re provider at your next visit. Stric	t confidentiality is ensured. Thank you.
Name (Last, First, M			DOB:
Previous Family Phy	rsician:	City:	Last Seen:
	V. Carlotte	CURRENT MEDICAL HISTORY	
List Current Condition	ons (please use back o	of page if you need more room)	
Physical:	A CONTRACTOR OF THE PARTY OF TH		
	MANAGEMENTAL AND THE PROPERTY OF THE PROPERTY	the majorana with the state of	
Emotional	**************************************		
& Social:	TARREST TO THE TARREST THE TAR		
List details of your p	rescription medication	ons below (if unable to list, bring t	hem with you to our clinic)
Prescription Medications - Name		Strength	Frequency Taken
WWW.			
List your non-prescri	iption medications (o	ver-the-counter drugs, vitamins, h	erbs, etc.)
		to medications below	
	ergies or side effects Medication		ection You Had
			ection You Had
		Rea	ection You Had
Name of N	Medication	PAST MEDICAL HISTORY	
Name of N	Medication Have you ever ha	PAST MEDICAL HISTORY ad chickenpox?	No*
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Physician's Initials:

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Please indi	cate relationship	and appre	The second secon				ny of the	follow	ing condit	ions		
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Heart Dise	ase											
High Chole	sterol											
Diabetes							***					
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Stroke				····		· · · · · · · · · · · · · · · · · · ·	-		<u> </u>			
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	drug use:				NEVE	₹ EX	-USER	LIGHT	MODER	ATE HEAV		
Street	If yes, have yo	u ever giv	en vourself s	street dru	gs with a ne	edle?			☐ Yes	☐ No		
Drugs	What drugs ha											
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Sex	Have you ever			- wypography	<u></u>	denominary consumer describerry			☐ Yes	□No		
	Are you sexua		now?	23.3 Sec. 40.		w			☐ Yes	□No		
	If yes, what contraceptive method do you use, if any?											
	Do you have a						· · · · · · · · · · · · · · · · · · ·		☐ Yes	□ No		
	Circle your sex			HETEROS	EXUAL	BISEX	UAL F	OMOSI	<u> </u>	UNKNOWN		
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Preventive	Screening Test	s (please g										
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Only	(>50) Date of I				CLANSSON CHIEF STREET,	years):						
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Both	(>50) Date of last stool test for colon cancer (recommended once a year): Date of last cholesterol test:											
Personal H	tealth Goals		***************************************	***************************************	And the state of t	THE STREET, ST						
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