

## PATIENT HEALTH QUESTIONNAIRE

Name	Date	Birth dat	e Age
PRESENT HEALTH CONCER	NS		
Health Concern	Has this been diagnosed?	Who is treating this?	Is this stable?
	<u> </u>		
ALLERGIES			
Drugs		Foods	
Environmental			
What are your symptoms dur	ing an allergy attack?		
Sansitivities     Darfumes	Cigaratta amaka 🗖 Claanin		
	•	•	
		=	
Current Medications		Dose	Times/Day
Current Herbs/Vitamins/Sup	onlements	Dose	Times/Day
Current Herbs, Vitalinis, Sup	ppiements	D036	Times, Day
HEALTHCARE PROVIDERS	Provider/Group Name		Last Seen (month/year)
PCP	Trovider, ereap rame		Zace deem (memany year)
OB/GYN			
Dentist			
Optometrist			
Other			
IMMUNIZATIONS  Immunizations are ALL up	to data		
OR check those received:		<b>1</b> Rota □ Hib □ Polio □	Pneumococcal <b>7</b> Varicella
☐ Hep A ☐ Meningococcal	·		
Have you had a TB test in the	•		sitive for TB? 🗆 Y 🗇 N
Please list any childhood illne	esses:		
Please list prior illness, injury	, hospitalization, surgery, a	nd/or trauma	

HEALTH SCREENING HISTORY	Date of most recent	HEALTH SCREENING (CONT)	Date of most recent
Mammogram		Test for Blood in Stool	
Pap Smear		Rectal Exam	
Self Breast Exam		Lower Bowel Scope (if over 50)	
Professional Breast Exam		Blood Work (other)	
Self Testicle Exam		Cholesterol	
Professional Testicle Exam		Blood Sugar	
Professional Prostate Exam		Hepatitis C Screening (if over 50)	

## PERSONAL/FAMILY HISTORY

	SELF	MOTHER	FATHER	SIBLINGS	OTHER (please specify)*
Age (if living)	JELF	MOTHER	FAIRER	SIDEIINGS	OTTIER (please specify)
Age (at death)					
Cause of death					
Health; <b>G</b> = good, <b>P</b> = poor					
Check those applicable					
Alcoholism/Substance Abuse					
Allergies/Hay Fever/ Asthma					
Anemia					
Bleeding Disorder					
Cancer or Tumor					
Chronic Fatigue					
Diabetes					
Epilepsy					
Glaucoma					
Genetic Disease					
Heart Disease					
Hepatitis					
Herpes					
High Blood Pressure					
High Cholesterol					
Kidney or Bladder Trouble					
Mental or Nervous Disorder					
Rheumatism/Arthritis					
Stomach/Ulcer					
Stroke					
Thyroid Disorder					
Tuberculosis					
Other (specify)					

<sup>\*</sup> MGM (Maternal Grandmother), MGF (Maternal Grandfather), PGM, PGF, Aunt(s), Uncle(s)

Do You Use or Have Any  Artificial Limbs				eck, Back) 🗖 Pacemaker	· 🗖 ۱	Metal implants 🗖 IUD	
SOCIAL HISTORY (che	ck all that apply	)					
Marital Status	Education	Completed		Childhood Memories		Do You Find Your Life	
Single	High Schoo			Mostly Happy		Generally Unsatisfactory	
Married	College			Mostly Painful		Too Demanding	
Divorced	Professiona	Professional School		Normal		Boring	
Widowed	Other:			Don't Recall		Satisfactory/Great	
						, , , , , , , , , , , , , , , , , , , ,	
Other stressors Rate your stress level ou	months:	oney 🗖 J	ob stress	Marriage □ Home  s): Is this a change	e? 🗖	IY 🗆 N	
Do you smoke cigarettes	s?		-	res, how many? # yrs.			
Did you ever smoke?			, , , , , , , , , , , , , , , , , , , ,				
Do you drink alcohol?						•	
Do you use recreational			es, which?				
Do you exercise regularly?			-	io, why?			
If yes, what types of exe	•						
frequency of exercise:				n of workout:			
☐ 5 -7 days/wk			inutes or more duration p				
3-4 days/wk				5 minutes or more duration	on pe	r workout	
□ 1-2 days/wk			Less	than 30 minutes			
Do you sleep soundly ar	nd wake rested?	$\square$ Y $\square$ N	lf n	io, why?			
Do you manage stress w	$\square$ Y $\square$ N		NOT SURE INEED HE				
Is your diet satisfying?		$\square$ Y $\square$ N					
Do you consider your di	et healthy?	$\square$ Y $\square$ N		NOT SURE INEED HE	LP		
□ salt restriction □ fat of Cravings? □ starches □ What diets have you be er: □ Specific food restriction How much water do you Eating habits: □ skip me □ graze (small frequent	restriction  starter saveets  saveets  saveets  saveet sav	arch/carb res  It	triction ther: each s	al and vegetable sources) on	tion ght W /suga rnoor	r n? □Y □N ungry or not	
	c.) Dark	green or de		llow/orange vegetables _ at, poultry, fish		Grains (unprocessed)	

## REVIEW OF SYSTEMS/HEALTH SCREENING HISTORY

Check the response that applies: Y = current condition P = past condition N = a condition you've never had

GENERAL	When	
Weight	Height	
Weight 1 yr ago	Energy Level (1-10)	
Max Weight	General Daily Pain (1-10)	

Sakin   Y   P   N   MOUTH/THOAT   Y   P   N   CADDIOVASCULAR   Y   P   N   MUSCULOSKEL	ain (I-IO)		
Ecrema Hoves  Acre, Bols  Acre, Bols  Gum Problems  Hoarseness  Gum Problems  Hoarseness  Murmurs  Mur	LETAL Y	Υ	P N
Acree, Bolis Gum Problems   High Blood Pressure   Broken Bones   Muranum   Weakness   Muranum   Muranum   Weakness   Muranum	èss ess		
Acne, Bols   Gum Problems   High Blood Pressure   Murche Spanns of Cofor Change   Hoorseess   Murmurs   Murche Spanns of Cofor Change   Hoorsees   Chronic Low Back P Works   Lumps   Motor Vehicle Accide   Motor Vehicle Accide   Motor Vehicle Accide   Head Injury Date   Head Injury Date   Motor Vehicle Accide   Hoorsees   Motor Vehicle Accide   Hoorsees   Motor Vehicle Accide   Motor Vehicle Accide   Hoorsees   Motor Vehicle Accide			
Hebring   Hebr			
Color Change Lumps Lumps Lumps Nails breaking Nails Seelling in Anakles Nails Charles (ASTROINTESTINAL Y P N PERIPHERAL VASC Nails Charles (ASTROINTESTINAL Y P N PARPHERAL VASC Nails Charles (ASTROINTESTINAL Y P N N PARPHERAL VASC Nails Charles (ASTROINTESTINAL Y P N N N N N N N N N N N N N N N N N N			
Lumps			
Teeth Clenching  Teeth Clenching  NECK  NE			
Wats   NECK   Y   P   N   Palpitations, Fluttering   Motor Vehicle Accide			
Fungal Infections  HEAD Y P N Swallen Glands  Goiter Head Injury  Head Injury Date  Migrames  RESPIRATORY Y P N Change in Thirst  Fungaried Vision  Glasses/Contacts  Eye Pain  Fearing/Dyness  Dubble Vision  Pheumonia  Faring/Lyness  Dubble Vision  Pheumonia  Earning/Dyness  Dubfliculty Breathing  Dark Circles  Pain or Breathing  EARS Y P N Shortness of Breath  Townsords  Frequent Light Sensitivity  Distrings  Faring  At Night  At Night  Townsords  Frequent Ections  Nose Bleeds  Hurser  Shingles  Herpes  Shingles  Hepatitis  Frequent Metetions  Nose Bleeds  Hurser  Chors's  Blood N Y P N Lupus  Frequent Metetions  Nose Bleeds  Hurser  Charing Chronis  Cataracts  Condition  Constipation  Constipation  Frequent Metetions  Nose Bleeds  Hurser  Charles  Pain or Breathing  At Night  Frequent Ections  Nose Bleeds  Hurser  Chors's  Kickery Stones  Charles  Pain with Unitation  Frequent Metetions  Nose Bleeds  Hurser  Chors's  Charge in Thirst  Change in Thirst  Variouse Veins  Thombophlebitis  NEUROLOGI  Variouse  Nausea  Seitures  Nausea  Seitures  Note Weskness  Neurophobles  Note Weskness	Dain		
HEAD Y P N Swollen Glands Head Injury Head Injury Head Injury Date Horizope Swallowing Head Injury Date Migraines Hair Loss  RESPIRATORY Y P N Change in Thirst  RESPIRATORY Y P N Change in Appetite Hair Loss  RESPIRATORY Y P N Change in Appetite  Fainting RESPIRATORY Y P N Change in Appetite  Finiting RESPIRATORY Y P N Change in Appetite  Finiting RESPIRATORY Y P N Change in Appetite  RESPIRATORY Y P N Change in Appetite  Finiting RESPIRATORY Y P N Change in Appetite  RESPIRATORY Y P N Change in Appetite  RESPIRATORY Y P N Change in Appetite  Finiting RESPIRATORY Y P N Change in Appetite  RESPIRATORY Y P N Change in Appetite  RESPIRATORY  RESPIRATORY Y P N Change in Appetite  RESPIRATORY  RESPIRATORY Y P N Change in Appetite  RESPIRATORY  RESPIRATORY Y P N SHORT Change in Appetite  RESPIRATORY  RESPIRATORY Y P N Change in Appetite  RESPIRATORY  RESPIRATORY Y P N Change in Appetite  RESPIRATORY  RESPIRATORY  RESPIRATORY  RESPIRATORY  RESPIRATORY  RESPIRATORY  RESPIRATORY  RESPIRATORY  Various Plantes  RESPIRATORY  Various Plantes  RESPIRATORY  Various Plantes  RESPIRATORY  RESPIRATORY  Various Plantes  RESPIRATORY  RESPIRATORY  Various Plantes  RESPIRATORY  V	lent		
Headache   Goiter   Hearthurn   Codd Handy Feet   Hearthurn   Codd Handy Feet   Hearthurn   Varicose Veins   Thombophilebitis   Thombophilebitis   Thombophilebitis   NEUROLOGI   Hair Loss   Cough   Easy fullness   Seizures   Neurologi   Parlysis   Migraines   Spitting up Blood   Vomiting   Soeizures   Muscle Weakness   Seizures   Muscle Weakness   Glasses/Contacts   Wheezing   Vomiting Blood   Muscle Weakness   Thombophilebitis   Meurologi   Parlysis   Muscle Weakness   Muscle Weakness   Thombophilebitis   Neurologi   Parlysis   Muscle Weakness   Muscle Weakness   Muscle Weakness   Muscle Weakness   Thombophilebitis   Neurologi   Parlysis   Muscle Weakness   Muscle Weakness   Muscle Weakness   Thombophilebitis   Neurologi   Parlysis   Muscle Weakness   Muscle Weakness   Thombophilebitis   Neurologi   Parlysis   Muscle Weakness   Thombophilebitis   Neurologi   Thombophilebitis   Thombophilebitis   Neurologi   Thombophilebitis   Neurologi   Thombophilebitis   Neurologi   Thombophilebitis	CULAR Y	ΥΙ	P N
Head Injury   Date   Hearthorn   Heartho			
Head Injury Date   Pain or Stiffness   Change in Thirst   Thombophlebitis   Thombo			
Plead Injury Date   Prigraines   Prigraine			
Pregranes  Hair Loss  EYES Y P N Sputum  Nausea  Seitures  Nausea  Seitures  Nausea  Seitures  Nausea  Seitures  Paralysis  Glassey/Contacts  Wheezing  Asthma  Bowel Movements  How Often?  Double Vision  Glaucoma  Cataracts  Light Sensitivity  Dark Circles  Pain on Breathing  Fainting  Paralysis  Muscle Weakness  Numbness or lingling  Loss of Memory  Frequent Lofts  EARS Y P N Shortness of Breath  Tuberculosis  Liyng Down  Lying Down  Lying Down  HISTORY OF:  Epstein Barr  Mono  Nose Bleeds  Hay Fewer  Hap Stury  BLOOD Y P N Lepus  BLOOD Y P N Lepus  BLOOD Y P N Lepus  Constity Constity  Pain on Breathing  At Night  Light Constitution  Nausea  Seitures  Nausea  Seitures  Nausea  Seitures  Ausea  Aus			
EVES V P N Sputum Nausea Seizures  Impaired Vision Glasses/Contacts	SIC Y	Υ	PN
Impaired Vision   Spitting up Blood   Vomiting Blood   Muscle Weakness			
Glasses/Contacts  Eye Pain  Asthma  Bowel Movements  How Often?  Loss of Memory  Tremor  Fenor  Bouble Vision  Glaucoma  Glaucoma  Cataracts  Light Sensitivity  Dark Circles  Dark Circles  Pain on Breathing  At Night  Lying Down  Lying Down  Lying Down  Barache  Dizziness  NOSE/SINUSES  Y P N  Frequent Colds  Frequent Infections  Nose Bleeds  Stuffiness  Light Sensitivity  At Nights  Constipation  Mod Swings  Bood in Stool  Anxiety or Nervousn  Bood wings  Bood wings  Bood in Stool  Anxiety or Nervousn  Bood wings  Bood in Stool  Anxiety or Nervousn  Bood wings  Bood wings  Bood in Stool  Anxiety or Nervousn  Bood wings  Bood wings  Bood wings  Bood in Stool  Anxiety or Nervousn  Bood wings  Bood in Stool  Anxiety or Nervousn  Bood wings  Bood in Stool  Anxiety or Nervousn  Bood wings  Bood wings  Bood wings  Bood wings  Bood wings  Bood wings  Bood in Stool  Anxiety or Nervousn  Bood wings  Bood wings  Bood wings  Bood wings  Bood wings  Bood in Stool  Bood in Stool  Bood in Stool  Bood in Stool  Bood wings  Bood wings  Bood wings  Bood wings  Bood wings  Bood wings  Bood in Stool  Bood wings  Bood wings			
Exercise			
Tearing/Dryness Bronchitis Bronch			
Double Vision Glaucoma Cataracts Pleurlsy Pieurlsy Diarrhea Diarrhea Diarrhea Diarrhea Depression Mood Swings Anxiety or Nervousn Difficuty Breathing Diarrhes Diarrhea Diarrhea Depression Mood Swings Anxiety or Nervousn Depression Mood Swings An	ng		
Double Vision   Pneumonia   Is This a Change?   Items   Item			
Cataracts			
Cataracts Light Sensitivity Dark Circles Difficulty Breathing Dark Circles Dark Circ	AL Y	Υ	PN
Dark Circles Difficulty Breathing Difficulty Difficulty Difficulty Difficulty Caining Wei Diffi			
Puffy Eyes			
EARS       Y       P       N       Shortness of Breath       Bloating       Trauma History         Impaired Hearing       At Night       Stomach Pain       BEHAVIORA         Ringing       Lying Down       Jaundice (yellow skin)       Bulimia         Lorziness       Liver Disease       Anorexia         NOSE/SINUSES       Y       P       N         HISTORY OF:       Gallbladder Attacks       To What?         Frequent Colds       Epstein Barr       URINARY       Y       P         Nose Bleeds       Herpes       Pain with Urination       ENDOCRINI         Nose Bleeds       Shingles       Frequency at Night       Heat or Cold Intolerations         Hay Fever       Hepatitis       Frequency at Night       Heat or Cold Intolerations         Sinus Problems       CMV       Inability to Hold Urine       Difficulty Losing Weisting         BLOOD       Y       P       N         Chron's       Kidney Stones	ness		
Impaired Hearing  At Night  Stomach Pain  Behaviora  Bulimia  Anorexia  Anorexia  Anorexia  Addiction  To What?  HISTORY OF:  Epstein Barr  Mono  Nose Bleeds  Stuffiness  Stuffiness  Herpes  Stuffiness  Stuffiness  Hespatitis  CMV  BLOOD  Y P N  At Night  Stomach Pain  Stomach Pain  Stomach Pain  Behaviora  Bulimia  Anorexia  Addiction  To What?  Had Counseling  Frequent Infections  Pain with Urination  Increased Frequency  Frequency at Night  Heat or Cold Intolera  Difficulty Caining Weight  Excessive Thirst  Excessive Thirst			
Ringing  Lying Down  Liver Disease  Liver Disease  Liver Disease  Dizziness  NOSE/SINUSES Y P N  HISTORY OF: Epstein Barr  Mono  Nose Bleeds  Herpes  Stuffiness  Stuffiness  Stuffiness  Hepatitis  Liver Disease  Liver Disease  Addiction  To What?  Had Counseling  Was it Effective  ENDOCRINI  Hypothyroid  Heat or Cold Intolera  Frequent Infections  Mono  CMV  BLOOD Y P N  Lupus  Chron's  Liver Disease  Liver Disease  Andiction  Addiction  To What?  Had Counseling  Frequenty  Frequency at Night  Heat or Cold Intolera  Difficulty Losing Wei  Excessive Thirst			
Earache Dizziness  NOSE/SINUSES Y P N Frequent Colds Frequent Infections Nose Bleeds Stuffiness  Lying Down  Tuberculosis  Liver Disease  Addiction  To What?  HISTORY OF:  Epstein Barr  Mono  Nose Bleeds  Herpes  Stuffiness  Stuffiness  Herpes  Stuffiness  Hepatitis  CMV  BLOOD  Y P N  Liver Disease  Liver Disease  Addiction  To What?  Hemorrhoids  Gallbladder Attacks  Had Counseling  Had Counseling  Frequent Urination  ENDOCRINI  Had Counseling  Frequency Y P N  Was it Effective  Frequency at Night  Heat or Cold Intolerations  Difficulty Losing Weith  Difficulty Gaining Weith  Excessive Thirst  Excessive Thirst	AL Y	Υ	P N
Dizziness   Dizz			
Dizziness  NOSE/SINUSES Y P N  HISTORY OF:  Epstein Barr  Mono  Nose Bleeds  Stuffiness  Herpes  Stuffiness  Hepatitis  CMV  BLOOD  Y P N  IMMUNE SYSTEM Y P N  Hemorrhoids  Gallbladder Attacks  URINARY Y P N  Was it Effective  Pain with Urination  Increased Frequency  Inability to Hold Urine  Excessive Thirst  Addiction  Addiction  To What?  Had Counseling  Had Counseling  Had Counseling  Had Counseling  Had Counseling  Frequent Urination  ENDOCRINI  Heat or Cold Intolerations  Difficulty Losing Weit  Difficulty Gaining Weit  Excessive Thirst			
Frequent Colds Frequent Colds Frequent Infections Nose Bleeds Hurpes Stuffiness Hepatitis Frequent Golds Frequent Infections  Mono Herpes Shingles Hepatitis Frequency at Night Frequency at Night Frequency A Night Frequency A Night Frequency BLOOD  Y P N  Frequent Infections  Gallbladder Attacks  Had Counseling  ENDOCRINI  Increased Frequency Hypothyroid Heat or Cold Intolera  Difficulty Losing Wei  Excessive Thirst			
Frequent Colds  Frequent Infections  Nose Bleeds  Stuffiness  Herpes  Shingles  Hepatitis  CMV  Lupus  Frequent Infections  Was it Effective  Pain with Urination  ENDOCRINI  Had Counseling  Was it Effective  ENDOCRINI  Hypothyroid  Heat or Cold Intolers  Difficulty Losing Wei  Difficulty Gaining Wei  Excessive Thirst			
Frequent Infections  Mono  Nose Bleeds  Herpes  Stuffiness  Shingles  Hay Fever  Sinus Problems  BLOOD  Y P N  Lupus  Mono  Pain with Urination  ENDOCRINI  Hypothyroid  Frequency at Night  Heat or Cold Intolers  Inability to Hold Urine  Difficulty Losing Wei  Excessive Thirst			
Nose Bleeds  Stuffiness  Shingles  Hay Fever  Hepatitis  CMV  Inability to Hold Urine  Frequent Infections  BLOOD  Y P N  Chron's  Fainwith Urination  ENDOCRINI  Hypothyroid  Hypothyroid  Heat or Cold Intolera  Difficulty Losing Wei  Excessive Thirst	ve?		
Stuffiness  Shingles  Hay Fever  Hepatitis  Frequency at Night  Heat or Cold Intolera  Inability to Hold Urine  Difficulty Losing Wei  The partition of the problems  BLOOD  Y  P  N  Lupus  Frequent Infections  Kidney Stones  Index of the problems  Excessive Thirst	IE Y	Υ	P N
Hay Fever Hepatitis Frequency at Night Heat or Cold Intolers  Sinus Problems  CMV Inability to Hold Urine Difficulty Losing Wei  BLOOD Y P N  Lupus Frequent Infections  Kidney Stones  Excessive Thirst			
Sinus Problems  CMV  Inability to Hold Urine  Difficulty Losing Wei  Difficulty Gaining Wei  Excessive Thirst	rance		
BLOOD Y P N  Lupus Frequent Infections  Difficulty Gaining We Excessive Thirst	-		
BLOOD Y P N Excessive Thirst  Chron's Kidney Stones	leight l		
Anomin Citions			
Anemia Excessive Hunger			
Bleeding or Bruising  Change in Urine Color  Change in Urine Smell  Change in Urine Smell			

FEMALE REPRODUCTIVE	Υ	P	N	Menopausal Symptoms		MALE REPRODUCTIVE
Age Menses Began				Describe:		Hernias
Average Number of Days						Testicular Masses
Length of Cycle						Testicular Pain
Bleeding Between Periods						Are You Sexually Active
Regular Cycles				Age They Began		Sexual Difficulties
Extended Time Without Menses				Age of Your Mother at Menopause		Prostate Problems
How Long?				Are You Sexually Active?		Discharge or Sores
Pain During Intercourse				Sexual Difficulties		Sexually Transmitted Infections
Vaginal Dryness				Sexually Transmitted Infections		If Yes, List:
Vaginal Itchiness				If Yes, List:		
Yeast Infections						Sexual Preference
Painful Menses				Sexual Preference		Heterosexual
Endometriosis				Heterosexual		Bisexual
PCOS				Bisexual		Gay
Excessive Flow				Lesbian		
Excessive Facial Hair				Do You Perform Self Exam		
Excessive Body Hair				Breast Lumps		
Birth Control				Breast Pain or Tenderness		
What Type?				Nipple Discharge		
Number of Pregnancies						
Number of Live Births						
Number of Miscarriages						
Number of Abortions						
Difficulty Conceiving						

## IF NOT NOTED ABOVE IT IS NEGATIVE, NON-CONTRIBUTORY, AND/OR NON-PERTINENT.

I certify that the information that I have supplied is correct and accurate to the best of my knowledge						
Printed Name	Date					
Signature	Relationship to Patient:					

