

COMPLETE CARE FAMILY MEDICINE

MEDICAL QUESTIONNAIRE

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Today's Date ____/____/____
 month day year

Please answer these questions as accurately as possible so that we may be able to most effectively assist you in reaching and maintaining optimum wellness. Due to the fact that health issues are often influenced by many factors, the more carefully you consider these questions, the better we will be able to make use of your scheduled consultation time, the more effective we will be at providing you with superior care, and the greater ability we will have to formulate an accurate treatment plan for you.

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: (_____) _____ - _____ Birth Date: ____/____/____ Age: _____
 month day year

Work Phone: (_____) _____ - _____

Place of Birth: _____ City or town & country if not US

Occupation: _____

Referred by: _____ Height: ____' ____" Weight: _____ Sex: _____

I. Please check appropriate box(es):

- African American Asian Caucasian Hispanic Mediterranean
 Native American Northern European Pacific Islander Other _____

II. Please rank current and ongoing problems by priority and fill in the other boxes as completely as possible:

PROBLEM	SEVERITY	TREATMENT	SUCCESS
Example: Headaches	Moderate	Acupuncture	Moderate
1.			
2.			
3.			
4.			
5.			
6.			
7.			

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III. Past Medical and Surgical History:

ILLNESSES	WHEN	COMMENTS
1. Anemia		
2. Arthritis		
3. Asthma		
4. Bronchitis		
5. Cancer		
6. Chronic Fatigue Syndrome		
7. Crohn's Disease or Ulcerative Colitis		
8. Diabetes		
9. Emphysema		
10. Epilepsy, convulsions, or seizures		
11. Gallstones		
12. Gout		
13. Heart attack/Angina		
14. Heart failure		
15. Hepatitis		
16. High blood fats (cholesterol, triglycerides)		
17. High blood pressure (hypertension)		
18. Irritable bowel		
19. Kidney stones		
20. Mononucleosis		
21. Pneumonia		
22. Rheumatic Fever		
23. Sinusitis		
24. Sleep Apnea		
25. Stroke		
26. Thyroid Disease		
27. Other (describe)		
INJURIES	WHEN	COMMENTS
28. Back Injury		
29. Broken (describe)		
30. Head Injury		
31. Neck Injury		
32. Other (describe)		

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DIAGNOSTIC STUDIES	WHEN	COMMENTS
33. Barium Enema		
34. Bone Scan		
35. CAT Scan of Abdomen		
36. CAT Scan of Brain		
37. CAT Scan of Spine		
38. Chest X-ray		
39. Colonoscopy		
40. EKG		
41. Liver Scan		
42. Neck X-ray		
43. NMR/MRI		
44. Sigmoidoscopy		
45. Upper GI Series		
46. Other (describe)		
OPERATIONS	WHEN	COMMENTS
47. Appendectomy		
48. Dental Surgery		
49. Gall Bladder		
50. Hernia		
51. Hysterectomy		
52. Tonsillectomy		
53. Other (describe)		
54. Other (describe)		

IV. Hospitalizations:

WHERE HOSPITALIZED	WHEN	FOR WHAT REASON
1.		
2.		
3.		
4.		
5.		

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V. How often have you have taken antibiotics?

< 5 times

> 5 times

Infancy/ Childhood		
Teen		
Adulthood		

VI. How often have you taken oral steroids (e.g., Cortisone, Prednisone, etc.)?

< 5 times

> 5 times

Infancy/ Childhood		
Teen		
Adulthood		

VII. What medications are you taking now? Include non-prescription drugs.

MEDICATION NAME	DATE STARTED	DOSAGE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

VIII. List all vitamins, minerals, and other nutritional supplements that you are taking now. Indicate whether mg or IU and the form (e.g., calcium carbonate vs. calcium lactate), when possible.

VITAMIN/MINERAL/ SUPPLEMENT NAME	DATE STARTED	DOSAGE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

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X. Please check if these symptoms occur presently **or** have occurred in the past 6 months.

GENERAL:	MILD	MODERATE	SEVERE
Cold hands & feet			
Cold intolerance			
Daytime sleepiness			
Difficulty falling asleep			
Early waking			
Fatigue			
Fever			
Flushing			
Heat intolerance			
Night waking			
Nightmares			
No dream recall			
HEAD, EYES & EARS:	MILD	MODERATE	SEVERE
Conjunctivitis			
Distorted sense of smell			
Distorted taste			
Ear fullness			
Ear noises			
Ear pain			
Ear ringing/buzzing			
Eye crusting			
Eye pain			
Headache			

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Hearing loss			
Hearing problems			
Lid margin redness			
Migraine			
Sensitivity to loud noises			
Vision problems			
MUSCULOSKELETAL:	MILD	MODERATE	SEVERE
Back muscle spasm			
Calf cramps			
Chest tightness			
Foot cramps			
Joint deformity			
Joint pain			
Joint redness			
Joint stiffness			
Muscle pain			
Muscle spasms			
Muscle stiffness			
Muscle twitches around eyes			
Muscle twitches, arms or legs			
Muscle weakness			
Neck muscle spasm			
Tendonitis			
Tension headache			
TMJ problems			
MOOD/NERVES:	MILD	MODERATE	SEVERE
Agoraphobia			
Anxiety			
Auditory hallucinations			
Black-out			

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Depression			
Difficulty Concentrating			
Difficulty with balance			
Difficulty with thinking			
Difficulty with judgment			
Difficulty with speech			
Difficulty with memory			
Dizziness (spinning)			
Fainting			
Fearfulness			
Irritability			
Light headedness			
Numbness			
Other Phobias			
Panic attacks			
Paranoia			
Seizures			
Suicidal thoughts			
Tingling			
Tremor/trembling			
Visual hallucinations			
EATING:	MILD	MODERATE	SEVERE
Binge eating			
Bulimia			
Can't gain weight			
Can't lose weight			
Carbohydrate craving			
Carbohydrate intolerance			
Poor appetite			
Salt craving			
DIGESTION:	MILD	MODERATE	SEVERE
Anal spasms			

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Bad teeth			
Bleeding gums			
Bloating of lower abdomen			
Bloating of whole abdomen			
Blood in stools			
Burping			
Canker sores			
Cold sores			
Constipation			
Cracking at corner of lips			
Dentures w/poor chewing			
Diarrhea			
Difficulty swallowing			
Dry mouth			
Farting			
Fissures			
Foods "repeat" (reflux)			
Heartburn			
Hemorrhoids			
Intolerance to lactose			
All milk products			
Intolerance to Gluten (wheat)			
Intolerance to Corn			
Intolerance to Eggs			
Intolerance to Fatty foods			
Intolerance to Yeast			
Liver (yellow eyes, skin)			
Lower abdominal pain			
Mucus in stools			
Nausea			
Periodontal disease			

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Sore tongue			
Strong stool odor			
Undigested food in stools			
Upper abdominal pain			
Vomiting			
SKIN PROBLEMS:	MILD	MODERATE	SEVERE
Acne on back			
Acne on chest			
Acne on face			
Acne on shoulders			
Athlete's foot			
Bumps on back of upper arms			
Cellulite			
Dark circles under eyes			
Ears get red			
Easy bruising			
Eczema			
Herpes - genital			
Hives			
Jock itch			
Lackluster skin			
Moles w color/size change			
Oily skin			
Pale skin			
Patchy dullness			
Psoriasis			
Rash			
Red face			
Sensitive to bites			
Sensitive to poison ivy/oak			
Shingles			
Skin cancer			

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Skin darkening			
Strong body odor			
Thick calluses			
Vitiligo			
SKIN, ITCHING:	MILD	MODERATE	SEVERE
Anus			
Arms			
Ear canals			
Eyes			
Feet			
Hands			
Legs			
Nipples			
Nose			
Penis			
Roof of mouth			
Scalp			
Skin in general			
Throat			
SKIN, DRYNESS OF:	MILD	MODERATE	SEVERE
Eyes			
Feet			
Any cracking?			
Any peeling?			
Hair			
And unmanageable?			
Hands			
Any cracking?			
Any peeling?			
Mouth/throat			
Scalp			

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Any dandruff?			
Skin in general			
LYMPH NODES:	MILD	MODERATE	SEVERE
Enlarged/neck			
Tender/neck			
Other			
NAILS:	MILD	MODERATE	SEVERE
Bitten			
Brittle			
Curve up			
Frayed			
Fungus - fingers			
Fungus - toes			
Pitting			
Ragged cuticles			
Ridges			
Soft			
Thickening of finger nails			
Thickening of toenails			
White spots/lines			
RESPIRATORY:	MILD	MODERATE	SEVERE
Bad breath			
Bad odor in nose			
Cough - dry			
Cough - productive			
Hay fever, Spring			
Hay fever, Summer			
Hay fever, Fall			

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Change of season			
Hoarseness			
Nasal stuffiness			
Nose bleeds			
Post nasal drip			
Sinus fullness			
Sinus infection			
Snoring			
Sore throat			
Wheezing			
Winter stuffiness			
CARDIOVASCULAR:	MILD	MODERATE	SEVERE
Angina/chest pain			
Breathlessness			
Heart attack			
Heart murmur			
High blood pressure			
Irregular pulse			
Mitral valve prolapse			
Palpitations			
Phlebitis			
Swollen ankles/feet			
Varicose veins			
URINARY:	MILD	MODERATE	SEVERE
Bed wetting			
Hesitancy			
Infection			
Kidney disease			

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Kidney stone			
Leaking/incontinence			
Pain/burning			
Prostate enlargement			
Prostate infection			
Urgency			
MALE REPRODUCTIVE:	MILD	MODERATE	SEVERE
Discharge from penis			
Ejaculation problem			
Genital pain			
Impotence			
Infection			
Lumps in testicles			
Poor libido (sex drive)			
FEMALE REPRODUCTIVE:	MILD	MODERATE	SEVERE
Breast cysts			
Breast lumps			
Breast tenderness			
Ovarian cyst			
Poor libido (sex drive)			
Endometriosis			
Fibroids			
Infertility			
Vaginal discharge			
Vaginal odor			
Vaginal itch			
Vaginal pain			

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Premenstrual: Bloating			
Breast tenderness			
Carbohydrate craving			
Chocolate craving			
Constipation			
Decreased sleep			
Diarrhea			
Fatigue			
Increased sleep			
Irritability			
Menstrual: Cramps			
Heavy periods			
Irregular periods			
No periods			
Scanty periods			
Spotting between			