



**HEALTH QUESTIONNAIRE**

Please complete Page 1 & 2

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: M F **WT:** \_\_\_\_\_ **HT:** \_\_\_\_\_

Do you have a primary care provider? Y N If yes, please list name and address: \_\_\_\_\_

Do you see any specialist physicians? Y N If yes, please list name and address: \_\_\_\_\_

Have you ever had any surgical procedure? Y N If yes, please list procedure and date: \_\_\_\_\_

Have you or any family members had any problems with anesthesia (other than nausea and vomiting)?

Y N If yes, please explain? \_\_\_\_\_

Please list your previous hospitalizations: \_\_\_\_\_

Please list any medications (including over the counter, supplements, and/or vitamins) you are currently taking: \_\_\_\_\_

Please list current pharmacy, including address: \_\_\_\_\_

Are you allergic to any medication? Y N If yes, please list: \_\_\_\_\_

Are you allergic to Latex? Y N

Do you smoke? Y N If yes, how many packs per day? \_\_\_\_\_

Do you drink alcohol? Y N If yes, how much? \_\_\_\_\_

Are you pregnant? Y N Are you Nursing Y N

Initial and Date: \_\_\_\_\_

Do you have currently OR a past history of any of the following?

Asthma	Y	N	Thyroid Problems	Y	N
Bronchitis	Y	N	Anemia	Y	N
High Blood Pressure	Y	N	Stroke	Y	N
Liver Problems	Y	N	Glaucoma	Y	N
Ulcers	Y	N	Hepatitis	Y	N
Bleeding Problems	Y	N	Arthritis	Y	N
Blood clots in the			Seizures	Y	N
lungs or legs	Y	N	Diabetes	Y	N
Cancer	Y	N	Depression	Y	N
Sleep Apnea	Y	N	MRSA/Staph Infections	Y	N
C-Difficile Infection	Y	N	HIV	Y	N
Vision Difficulties	Y	N	Hearing Impairment	Y	N
MRSA	Y	N	Other Medical Problems	Y	N

If circled YES to any conditions above, please explain:

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Please explain any additional medical history not mentioned above:

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Do you now, or have you ever used recreational drugs? Y N If so, when was the last time? \_\_\_\_\_

Have you ever had a blood transfusion? Y N If so, when: \_\_\_\_\_

How would you describe your present health: Excellent  Good  Fair

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date

Initial and Date: \_\_\_\_\_