

NEW PATIENT MEDICAL QUESTIONNAIRE

Patient: _____

Ht: _____ Wt: _____ Temp: _____

Date: _____

BP: _____ / _____ Pulse: _____

HISTORY

CHIEF COMPLAINT: _____

HISTORY of PRESENT ILLNESS: *For an "Extensive" history, document at least 4 of these elements

- | | |
|---|---|
| <ul style="list-style-type: none"> ◆ Location _____
(Where is the pain/problem?) ◆ Severity _____
(How severe is the pain/problem?) ◆ Timing _____
(Does this pain/problem occur at a specific time?) ◆ Associated signs/symptoms _____

(What other associated problems have you been having?) | <ul style="list-style-type: none"> ◆ Quality _____
(Example: color of sputum) ◆ Duration _____
(How long have you had this problem? Or When did it start?) ◆ Context _____
(Where were you at the onset of this pain/problem?) ◆ Modifying factors _____

(What makes the pain/problem worse or better? - or -
Have you had any previous episodes?) |
|---|---|

MEDICAL HISTORY

*For a "Pertinent" history – at least 1 specific item for ANY ONE of the 3 histories

*For a "Complete" history – at least 1 specific item for EACH ONE of the 3 histories

* Patient medical history

Diabetes	No	Yes
Hypertension	No	Yes
Cancer	No	Yes
Stroke	No	Yes
Heart Trouble	No	Yes
Arthritis/gout	No	Yes
Convulsions	No	Yes
Bleeding tendency	No	Yes
Acute infections	No	Yes
Venereal disease	No	Yes
Hereditary defects	No	Yes

Previous Hospitalizations/Surgeries/Serious Injuries	When?
_____	_____
_____	_____
_____	_____
Medications	

* Patient social history

Marital status:	Single _____	Married _____	Separated _____	Divorced _____	Widowed _____
Use of alcohol:	Never _____	Rarely _____	Moderate _____	Daily _____	
Use of tobacco:	Never _____	Previously, but quit _____	Currently packs/day _____		
Use of drugs:	Never _____	Type/Frequency _____			
Excessive exposure at home or work to:	Fumes _____	Dust _____	Solvents _____	Air-borne particles _____	Noise _____

*Family medical history

	<u>Age</u>	<u>Diseases</u>	<u>If Deceased, Cause of Death</u>
Father	_____	_____	_____
Mother	_____	_____	_____
Siblings	_____	_____	_____
	_____	_____	_____
Spouse	_____	_____	_____
Children	_____	_____	_____
	_____	_____	_____