PATIENT NAME: _____ REFERRING DOCTOR: _____

DATE _____

CONFIDENTIAL HEALTH QUESTIONNAIRE

1. **OPERATIONS** (Such as appendix, hernia, gallbladder, bowel, pelvic, thyroid, breast, heart, etc.)

PROCEDURE	HOSPITAL	YEAR	SURGEON

2. **INJURIES** - List any serious injury and the year. (Such as fractures, head injury, back, etc.)

INJURY	YEAR

3. **MEDICAL HISTORY** - Have you had or do you now have:

	CIRCLE		YEAR?		CIRCLE		YEAR?
Anesthesia Problems...	Y	N	_____	Cancer.....	Y	N	_____
Arthritis.....	Y	N	_____	TB (tuberculosis).....	Y	N	_____
Bleeding Problems.....	Y	N	_____	Asthma.....	Y	N	_____
Diabetes.....	Y	N	_____	Seizures.....	Y	N	_____
Heart Attack.....	Y	N	_____	Jaundice.....	Y	N	_____
Mitral Valve Prolapse.	Y	N	_____	Blood Clots.....	Y	N	_____
High Blood Pressure...	Y	N	_____	Kidney/Bladder.....	Y	N	_____
Pneumonia.....	Y	N	_____	Sexually Transmitted Disease	Y	N	_____
Hepatitis.....	Y	N	_____	Thyroid.....	Y	N	_____
Blood Transfusions....	Y	N	_____	Any Home Pets.....	Y	N	_____
Any Foreign Travel....	Y	N	_____	Ever been in Military.....	Y	N	_____

Other _____

4. **MEDICATIONS** (List any and all medications taken for blood pressure, heart, thyroid, pain, nerves, laxative, vitamins, etc., even if no prescription.)

_____

_____

_____

_____

_____

I have reviewed and concur _____ Date _____

PHYSICIAN and/or NURSE