



Health History Questionnaire

Please answer each question as completely as you can.

PATIENT NAME _____ TODAY'S DATE _____

MEDICATION

Please list all medications you are currently taking.

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

MEDICAL HISTORY

List all your past and present medical conditions, surgical operations, etc.

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

ALLERGIES AND SENSITIVITIES

List all medicines you are allergic or sensitive to.

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

FAMILY MEDICAL HISTORY

List all medical conditions that affect other members of your family (especially cancers, such as colon, rectal, pancreatic, etc.)

Father _____

Mother _____

Other _____

HABITS

Do you smoke cigarettes? yes no If yes, how many packs per day? _____ For how many years? _____
When did you quit? _____

Do you drink alcohol? yes no If yes, how many drinks per day? _____ For how many years? _____
When did you quit? _____

Do you use Cocaine? yes no If yes, how much per day? _____ For how many years? _____
When did you quit? _____

Do you smoke Marijuana? yes no If yes, how much per day? _____ For how many years? _____
When did you quit? _____

HAVE YOU BEEN DIAGNOSED WITH ANY OF THE FOLLOWING?

Congestive Heart Failure	<input type="checkbox"/>	Colitis	<input type="checkbox"/>	Stomach Ulcers	<input type="checkbox"/>
Kidney Disease	<input type="checkbox"/>	Heart Attack	<input type="checkbox"/>	Irritable Bowel Syndrome	<input type="checkbox"/>
Liver Disease	<input type="checkbox"/>	Hemorrhoids	<input type="checkbox"/>	Cirrhosis	<input type="checkbox"/>
Diverticulitis	<input type="checkbox"/>	Colon Cancer	<input type="checkbox"/>	Other _____	<input type="checkbox"/>

What is the nature of your work? _____ Any exposure to toxic chemicals? _____

Have you had a Colonoscopy? yes no If yes, what year? _____ What were the findings? _____

Have you had a Barium Enema? yes no If yes, what year? _____ What were the findings? _____

Have you had an Upper GI Series? yes no If yes, what year? _____ What were the findings? _____