

Initial Visit Questionnaire

Full Name: _____

Date of Birth: __/__/__

Past Medical History (check all that apply):

- Coronary artery disease
- Valvular heart disease
- Atrial fibrillation
- Congestive heart failure
- Hypertension
- Diabetes
- Emphysema
- Asthma
- Kidney stones
- Peptic ulcer disease
- GERD
- Diverticulosis
- Colon polyps
- Cancer. Type: _____
- Gout
- Thyroid disease
- Depression
- Stroke
- High cholesterol
- Obstructive sleep apnea
- Other. List: _____

Past Surgical History

List all surgeries with dates (if known)

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

Medications (with doses and frequency, including all nonprescription meds)

- | | |
|----------|-----------|
| 1. _____ | 9. _____ |
| 2. _____ | 10. _____ |
| 3. _____ | 11. _____ |
| 4. _____ | 12. _____ |
| 5. _____ | 13. _____ |
| 6. _____ | 14. _____ |
| 7. _____ | 15. _____ |
| 8. _____ | 16. _____ |

Allergies

List all known medication allergies

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

Social History

Marital status: () married () single () divorced () widow(er)

Occupation: _____

Smoking history: () nonsmoker () smoker, ___ packs per day, ___ years smoking

Alcohol intake: average number of drinks per day _____

Illicit drug use: () yes () no. What type? _____

Exercise: () no () yes Specify type of exercise and how often: _____

Family History

Father:

Age ___ If deceased, at what age ___ and cause of death _____

Any of the following illnesses?

Prostate cancer () yes () no

Hypertension () yes () no

Heart disease () yes () no

Diabetes () yes () no

Colon cancer () yes () no

Other disease: _____

Mother:

Age ___ If deceased, at what age ___ and cause of death _____

Any of the following illnesses?

Breast cancer () yes () no

Hypertension () yes () no

Heart disease () yes () no

Diabetes () yes () no

Colon cancer () yes () no

Other disease: _____

Number of brothers _____

Number of sisters _____

List diseases of siblings: _____

Please take this completed form to your first office visit.