



# Medical History Questionnaire - ADULT

Medications: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Herbs/supplements: \_\_\_\_\_  
 Medication Allergies (specify reaction): \_\_\_\_\_  
 Surgeries: \_\_\_\_\_

**STICKER  
HERE**

**Habits**

Current smoker (packs/day): \_\_\_\_\_  
 Former smoker (date quit): \_\_\_\_\_  
 Chew (times per week): \_\_\_\_\_  
 Alcohol (drinks per week): \_\_\_\_\_  
 Other substance use: \_\_\_\_\_

**Social History**

Occupation: \_\_\_\_\_  
 Marital status: \_\_\_\_\_  
 Number of children: \_\_\_\_\_  
 Place of birth: \_\_\_\_\_  
 Years in Alaska: \_\_\_\_\_

**Family History Please specify WHICH family member and AGE of diagnosis**

Diabetes: \_\_\_\_\_  
 Heart disease, heart attack: \_\_\_\_\_  
 Osteoporosis: \_\_\_\_\_  
 Colon cancer: \_\_\_\_\_  
 Breast cancer: \_\_\_\_\_  
 Prostate cancer: \_\_\_\_\_  
 Other cancer (specify): \_\_\_\_\_

**PERSONAL HEALTH HISTORY Please indicate if you have a history of any of the following:**

**Neurological**

- Alzheimer's dementia
- Seizures or epilepsy
- Migraine headaches
- Tension headaches
- Stroke
- Multiple Sclerosis

**Skin**

- Acne
- Cold sores
- Eczema
- Psoriasis
- Rosacea
- Skin cancer or pre-cancer

**Mental Health**

- Anxiety
- Depression
- Addiction to drugs
- Alcoholism
- Insomnia

**Eye, Ear, Nose, Throat**

- Visual impairment
- Cataracts
- Glaucoma
- Hearing loss
- Sinusitis, frequent
- Ear infections, frequent

**Kidney**

- Kidney failure
- Kidney stones

**Lung and Respiratory**

- Asthma
- Sleep apnea
- Emphysema (COPD)
- Tuberculosis or positive PPD

**Allergy, Immune**

- Seasonal or environmental allergies
- Other allergies (specify): \_\_\_\_\_
- Anaphylaxis
- Urticaria (hives), frequent

**Heart and Vascular**

- Hypertension (high blood pressure)
- High cholesterol
- Angina (cardiac chest pain)
- Coronary disease or heart attack
- Atrial fibrillation
- Congestive heart failure

**Hormonal**

- Diabetes
- Osteoporosis or osteopenia
- Thyroid disorder
- Vitamin D deficiency

**Gastrointestinal**

- Diverticulosis or diverticulitis
- Colon polyps
- Hemorrhoids
- Hepatitis (specify type): \_\_\_\_\_
- Irritable Bowel Syndrome
- Reflux disease (GERD)
- Ulcers, stomach or duodenal

**Genitourinary, STD, Reproductive**

- Genital herpes
- Genital warts
- HIV/AIDS
- Prior Chlamydia or Gonorrhea
- Syphilis
- Infertility
- Erectile dysfunction
- Prostate enlargement (BPH)
- Endometriosis
- Menopause (age): \_\_\_\_\_
- Urinary tract infections, frequent
- Urinary incontinence
- Vaginal yeast or infections, frequent

**Musculoskeletal**

- Back pain
- Gout
- Neck pain
- Osteoarthritis (specify locations): \_\_\_\_\_
- \_\_\_\_\_
- Rheumatoid arthritis

**Cancers and Blood**

- Anemia (low blood count)
- Blood clots (specify location): \_\_\_\_\_
- Cancer (specify type): \_\_\_\_\_

**OTHER**

**ILLNESSES:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_