



Patient/Family History

Office Use

B

This questionnaire is used to collect information about your **medical history, and family history** to assist the medical team with your care and help us meet requirements established by Medicare and other insurers. This information will be stored electronically and reformatted for your medical record.

Answer **ALL** questions by filling in the appropriate circle(s) and by **PRINTING** the requested information in the appropriate box. **All unanswered questions will be returned to you to complete prior to your visit with the clinician.** Please complete the answers by filling in the circles like ●.

Patient Name:

Gender:

Patient Registration Number:

Date of Birth:

- If any of the above information is incorrect, please inform the receptionist.
- Who completed this form? Self Parent Spouse/Family Member Guardian Other

A. Past Medical History

- | | <u>Don't know</u> | <u>No</u> | <u>Yes</u> | |
|--|-----------------------|-----------------------|-----------------------|--|
| 3. Have you ever traveled or lived outside the United States or Canada? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 4. Have you ever received a blood transfusion? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If yes, check all that apply.
↳ <input type="radio"/> Before 1980 <input type="radio"/> 1980-1990 <input type="radio"/> After 1990 |

Have you ever received the following **IMMUNIZATIONS** or had the disease?

- | | <u>Don't know</u> | <u>No</u> | <u>Yes</u> |
|---------------------------------|-----------------------|-----------------------|-----------------------|
| 5. Pneumococcal (for pneumonia) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Hepatitis B | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Hepatitis A | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Measles | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Mumps | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. Rubella | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. Polio | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. Varicella (for chicken pox) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Indicate whether you **have ever** sought medical care or **had** a medical problem or surgery related to each of the following. Indicate "No Problem" when appropriate. More than one answer may apply.

- | | <u>No Problem</u> | <u>Medical Problem</u> | <u>Surgery</u> |
|--|-----------------------|------------------------|-----------------------|
| 13. Eyes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. Ears | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. Nose | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. Sinuses | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. Tonsils | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. Thyroid or parathyroid gland | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. Arteries (head, arms, legs, aorta, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. Veins or blood clots in the veins | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

MC0985-22

9585



Continued

	No Problem	Medical Problem	Surgery
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- | | | | | |
|--|----------------------------|-----------------------|-----------------------|-----------------------|
| 21. Heart Problems: | Heart attack | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Heart valves | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Abnormal heart rhythm | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Narrowed coronary arteries | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Other | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. Lungs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 23. Esophagus (food or swallowing pipe) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 24. Stomach (ulcer) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 25. Bowel (small or large intestine, rectum) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 26. Appendix | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 27. Lymph nodes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 28. Spleen | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 29. Liver | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 30. Gallbladder | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 31. Pancreas | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 32. Hernia | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 33. Kidneys | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 34. Bladder | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 35. Bones | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 36. Joints | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 37. Muscles | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 38. Back | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 39. Neck | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 40. Spine | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 41. Brain | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 42. Skin | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 43. Breasts | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 44. Females: | Uterus | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Ovaries | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Fallopian tubes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Hysterectomy | | | <input type="radio"/> |
| | Other | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 45. Males: | Prostate | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Penis | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Testicles | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Vasectomy | | | <input type="radio"/> |
| | Other | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Continue on Next Page

9585



B. Personal and Family History

If known, complete the following information about your **blood** relatives (include children).

46. Are you adopted? No Yes

47. **Father** Don't know
 Alive
 Deceased

Age at death: Under 30 51 - 60
 30 - 40 61 - 70
 41 - 50 Over 70

48. **Mother** Don't know
 Alive
 Deceased

Age at death: Under 30 51 - 60
 30 - 40 61 - 70
 41 - 50 Over 70

49. **Brothers** 0 1 2 3 4 5 6 7+ Don't know

Number Alive:

Number Deceased:

50. **Sisters** 0 1 2 3 4 5 6 7+ Don't know

Number Alive:

Number Deceased:

51. **Sons**

Number Alive:

Number Deceased:

52. **Daughters**

Number Alive:

Number Deceased:

Fill in the appropriate circles to identify **all** illnesses or conditions which you know have occurred in you or your blood relatives. Indicate "NONE" if you are unsure.

	Self	Father	Mother	Brothers	Sisters	Sons	Daughters	Grandparents	None
53. Lung cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. Colon cancer/Rectal cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55. Colon polyp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56. Breast cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57. Prostate cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58. Ovarian cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59. Pancreatic cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60. Other cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61. Heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62. Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63. Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Fill in the appropriate circles to identify all illnesses or conditions which you know have occurred in you or your blood relatives. Indicate "NONE" if you are unsure.

	Self	Father	Mother	Brothers	Sisters	Sons	Daughters	Grandparents	None
64. Eczema/Psoriasis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65. Migraine headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66. Seizure disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67. Stroke/TIA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68. High cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69. Abnormal bleeding (bleeding disorder)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70. High or low white count	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71. High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72. Anemia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73. Liver disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74. Hepatitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75. Arthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76. Osteoporosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77. Alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78. Recreational/Street drug use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79. Sexually transmitted disease(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81. Other Psychiatric/Mental illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82. Suicide (or attempted suicide)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. Tuberculosis (TB)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. Anesthesia complications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85. Genetic disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. Other (Discuss with care provider)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

See the instruction page for information about returning this form.

