NeoHealth
NORTHEASTERN OKLAHOMA COMMUNITY HEALTH CENTERS, INC.

Medical Questionnaire

Name:	**Date of Birth:**	**Current Pharmacy:**

Family/Self History:	YES or NO	If family, list specific relation (grandmother on mother's side, etc.) If self, list diagnosis date	**Family/Self History:**	YES or NO	If family, list specific relation (grandmother on mother's side, etc.) If self, list diagnosis date
Abnormal Pap Smear:			Infertility:		
Addiction:			Kidney Disease:		
Alcoholism:			Kidney Stones:		
Allergies:			Liver Disease:		
Anxiety:			Lung Disease:		
Arthritis:			Multiple Sclerosis:		
Asthma:			Muscle Disorders:		
Autoimmune Disorder:			Muscle Dystrophy:		
Bipolar:			Osteoporosis:		
Birth Defects:			Ovarian Cysts:		
Bladder Disorder:			Rheumatoid Disorders:		
Bleeding Disorder:			Seizures:		
Blood Disorder:			Skeletal Disorders:		
Cancer:			STD:		
Cerebral Palsy:			Stomach Disorders:		
Colon Disorder:			Stroke:		
COPD:			Substance Abuse:		
Depression:			Thyroid Disease:		
Diabetes:			Tuberculosis:		
Emphysema:			Vertigo/Dizziness:		
Endometriosis			Mental Illness:		
Epilepsy/Convulsions:			Migraines:		
Fibromyalgia:			Heart Disease:		
GERD:			Hepatitis:		
GI Disease:			High Blood Pressure:		
Glaucoma:			HIV/AIDS:		

Current Medications

_____

_____

Surgical History

_____

_____

Social History			
Alcohol Use:	Never Used	Previous User: Quit When: _____ How Much: _____	Current User: How Much: _____ Per Day: _____
Caffeine Use:	Never Used	Previous User: Quit When: _____ How Much: _____	Current User: How Much: _____ Per Day: _____
Drug Use:	Never Used	Previous User: Quit When: _____ How Much: _____	Current User: How Much: _____ Per Day: _____
Tobacco Use: Smoke/Dip	Never Used	Previous User: Quit When: _____ How Much: _____	Current User: How Much: _____ Per Day: _____

Circle Current Symptoms				
General Symptoms	Skin	Eyes	Ears/Nose/Throat	Cardiovascular
Fatigue Fever Chills Night sweats Headaches Sleep disturbances Generalized aches	Rash Itching Eczema Acne Lumps Change in moles Ulcers	Redness Pain Blurred vision Double vision Dry eyes Irritation	Dizziness Hoarseness Nasal obstruction Sore throat Sores in mouth Tooth/gum trouble	Chest pain Shortness of breath Edema Palpitations Fainting spells
Respiratory	Gastrointestinal	Genitourinary	Musculoskeletal	Neurological
Cough Wheezing Sputum Snoring Congestion	Anorexia Nausea Vomiting Diarrhea Constipation Other bowel change Abdominal pain Indigestion or heartburn Hemorrhoids Difficulty swallowing Black or bloody stools Bleeding	(Female) Abnormal menses Pelvic pain Vaginal discharge Vaginal itching Urgency Incontinence Painful/tender breasts Breast mass Nipple discharge (Male) Testicular pain or swelling Urgency Hesitancy	Back pain Neck pain Joint pains Join stiffness Muscle pain Muscle weakness Arthritis Falls Limb pain	Faintness/dizziness Head trauma Headache Loss of consciousness Memory loss Seizures Tremors Weakness Confusion
Psychiatric	Endocrine	Allergies	Hematologic	
Change in sleep pattern Anxiety Difficulty focusing Hyperactivity Moodiness Suicidal thoughts/attempts Obsessive thoughts Insomnia Behavioral changes	Excessive thirst Increasing hunger Sleep disturbance Weight gain Weight loss Heat or cold intolerance Thyroid Hair loss Recent increase or excessive hair growth Skin changes	Itchy eyes Eye discharge Sneezing Itchy nose Eczema Rashes Allergies	Abnormal bleeding Nose bleeds Bruising Swelling of lymph gland Past transfusions	