

ADULT HEALTH QUESTIONNAIRE

Welcome to our practice. We greatly appreciate your choosing us to provide care for your family. Our physicians will be asking you about your present medical condition and problems, but to allow us to learn more about you, please fill out this questionnaire. Although some questions may be a little startling, please understand that they address current health issues. For confidentiality, please complete the questionnaire in the exam room and give it to your physician. Once again, thank you for choosing our practice to handle your health care needs.

1. When was your last comprehensive health examination (blood tests, EKGs, etc.)?

Date: ____/____/____

Note: We recommend a comprehensive evaluation for healthy individuals every three years until age 40, every two years from ages 40 to 50 and annually after the age of 50. Patients with a chronic medical problem should have an annual health evaluation.

2. Do you have a family history of medical, mental or hereditary problems? Yes No

Please list: _____

3. If you were born after 1957, have you had a second measles, mumps and rubella vaccination? Yes No

If you are at least 65 years old or have a chronic health problem, have you received the pneumococcal and flu vaccines? Yes No

4. If you are a female, do you do a monthly self-breast exam? Yes No

When was your last breast exam by your physician? Date: ____/____/____

Date of last mammogram: ____/____/____

Date of last pap smear: ____/____/____

Note: One out of every 10 women will get breast cancer. The best approach is early detection by doing a monthly self-breast exam, an annual breast exam by your physician and periodic mammograms.

5. If you are a male, do you do a monthly self-testicular exam? Yes No

Note: Testicular cancer is a leading cause of cancer for men under the age of 50.

6. Do you practice "safe sex"? Yes No

Are you at risk for AIDS? Yes No

Have you used illegal drugs? Yes No

7. What is your occupation? _____

Have you ever been exposed to chemicals or radiation at the workplace? Yes No

8. Do you have a living will? Yes No

9. If there is a gun in your home, is it out of children's reach and unloaded? Yes No

10. If you ride a bicycle, do you wear a bike helmet? Yes No

11. Is your home tobacco- and smoke-free? Yes No

12. Is your time well balanced between your job, family and hobbies? Yes No