

HEALTH QUESTIONNAIRE

(Information will remain confidential) Indicate appropriate responses with a check and give details in #8 below.

	# 2	DATE:
NAME:		

	ONA COMMUNITY PH	113101	Check and give	uctans III #0	D ∀ T E ∪	FRIR	TH:					
١.	GENERAL											
	By what name do	wish to be called?		Marital Status 🗆 S 🗆 M 🗆 W 🗆 D								
	How long have you lived in Tucson? years. Did you move here for health reasons?						ealth reasons? 🛘 Y	′es □ No				
	Where did you li	efore Tucson?										
	What is your occupation?				How long?							
	Who referred you to us?											
	4											
2.	PERSONAL HAB	ITS		Ď	sticated Daylers III Ve	. —	No					
		obacco: 🗆 Yes 🗆 No When Recreational Drugs 🗆 Yes 🗀 No										
	□ Cigars □ Cigarettes □ Pipe How much? How long? Alcohol? □ Yes □ No How many? drinks/week											
	How much?		. How long:	. Attorior: Regular ev	vercise? Π Yes Π	No.	How often?					
				riegulai cz	(C) C C C C C C C C C C C C C		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
2	MEDICATION: LIST ALL MEDICATIONS, INCLUDING OVER-THE-COUNTER MEDICATIONS:											
٠.	WILDIGATION. EIGT ALE MEDIO/(TIGHO/ MODOSING C.T.)											
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1.			st any medication	intolerance	's and allergies)	/						
	Intoleran	Intolerance's/Effect Allergy/Effect										
					urita in dataa balay							
).	VACCINATIONS	(Ch	eck those you nav	e nad and \	write in dates belov	V) .	П ММВ					
	☐ Tetanus		U FIU	LI PNE	umonia							
e	DEDCOMAL MIC.	rnev	(Check those you	i have∍bad)	•							
ο.	High Blood D	acci i	re Π Kidney	Trouble	□ Mental Illness		☐ Hay Fever, A	sthma				
	☐ Sugar Diabete	□ Ridney	rouble	☐ Mental Illness ☐ Hay Fever, Asthma ☐ Spicide Attempts ☐ Breathing Trouble								
	☐ Sugar Diabetes ☐ Liver Trouble ☐ Anemia				☐ Epilepsy	1.	☐ Valley Fever	-				
	☐ Stroke	•	□ Arthriti	s	☐ Excess Drugs		☐ Cancer					
	- Otroko		☐ Stroke ☐ Arthritis ☐ Excess Drugs ☐ Cancer									
	PRIOR OPERATIONS/HOSPITALIZATIONS (List procedure and date performed)											
	PRIOR OPERAT	IONS	HOSPITALIZATIO	Ma (Fist bi)	Joodalo alla dato p							
	PRIOR OPERAT	IONS		IAO (FISE bi)			<u> </u>					
				. <u> </u>								
7.				. <u> </u>	nts)							
7.		RY (I	nclude parents and	grandpare Trouble	nts) ☐ Mental Iliness		☐ Hay Fever, A					
7.	FAMILY HISTOI ☐ High Blood P ☐ Sugar Diabet	RY (In	nclude parents and ure	grandpare Trouble rouble	nts) ☐ Mental Illness ☐ Suicide Attem		☐ Breathing Tre					
7.	FAMILY HISTOI High Blood P Sugar Diabet Heart Trouble	RY (In	nclude parents and ure D Kidney D Liver T	grandpare Trouble rouble	nts) Mental Illness Suicide Attem Epilepsy		☐ Breathing Tro ☐ Valley Fever					
7.	FAMILY HISTON High Blood P Sugar Diabet Heart Trouble Stroke	RY (III	nclude parents and ure	grandpare Trouble rouble	nts) ☐ Mental Illness ☐ Suicide Attem		☐ Breathing Tre					
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