ARIZONA COMMUNITY PHYSICIANS

HEALTH QUESTIONNAIRE

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

DATE: _____
NAME: _____
DATE OF BIRTH: _____

1. GENERAL

By what name do you 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? ☐ Yes ☐ No
Where did you live before Tucson? _____
What is your occupation? _____ How long? _____
Who referred you to us? _____

2. PERSONAL HABITS

Tobacco: ☐ Yes ☐ No When _____ Recreational Drugs ☐ Yes ☐ No
☐ Cigars ☐ Cigarettes ☐ Pipe
How much? _____ How long? _____ Alcohol? ☐ Yes ☐ No How many? _____ drinks/week
Regular exercise? ☐ Yes ☐ No How often? _____

3. MEDICATION: LIST ALL MEDICATIONS, INCLUDING OVER-THE-COUNTER MEDICATIONS:

_____ _____
_____ _____
_____ _____
_____ _____

4. ALLERGIES (Please list any medication intolerance's and allergies)

Intolerance's/Effect — Allergy/Effect

_____ _____
_____ _____

5. VACCINATIONS (Check those you have had and write in dates below):

☐ Tetanus _____ ☐ Flu _____ ☐ Pneumonia _____ ☐ MMR _____

6. PERSONAL HISTORY (Check those you have had)

☐ High Blood Pressure	☐ Kidney Trouble	☐ Mental Illness	☐ Hay Fever, Asthma
☐ Sugar Diabetes	☐ Liver Trouble	☐ Suicide Attempts	☐ Breathing Trouble
☐ Heart Trouble	☐ Anemia	☐ Epilepsy	☐ Valley Fever
☐ Stroke	☐ Arthritis	☐ Excess Drugs	☐ Cancer

PRIOR OPERATIONS/HOSPITALIZATIONS (List procedure and date performed)

_____ _____
_____ _____

7. FAMILY HISTORY (Include parents and grandparents)

☐ High Blood Pressure	☐ Kidney Trouble	☐ Mental Illness	☐ Hay Fever, Asthma
☐ Sugar Diabetes	☐ Liver Trouble	☐ Suicide Attempts	☐ Breathing Trouble
☐ Heart Trouble	☐ Anemia	☐ Epilepsy	☐ Valley Fever
☐ Stroke	☐ Arthritis	☐ Excess Drugs	☐ Cancer

☐ Other Illness _____

FAMILY HISTORY	AGE	STATE OF HEALTH OR CAUSE OF DEATH	CHECK IF DECEASED	FAMILY HISTORY	AGE	STATE OF HEALTH OR CAUSE OF DEATH	CHECK IF DECEASED
FATHER				HUSBAND / WIFE			
MOTHER				CHILDREN			
BROTHERS & SISTERS				1.			
1.				2.			
2.				3.			
3.				4.			

8. GIVE DETAILS FROM ABOVE

_____
_____

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