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APPOINTMENT DATE AND TIME :

Medical History Questionnaire

Name _____ Date of Birth _____

Referred By _____ Primary Care Physician _____

Reason for visit _____

List All Current Medical Problems and Date of Diagnosis _____

List All Surgeries, Previous Hospitalizations, Serious Accidents and Year Occurred

List All Pregnancies, Complications of Pregnancies, and Birth Weights of Babies

List medications that you cannot take and what side-effect you had with each one

Table with 2 columns: Name of Medication, Side-Effect

List all prescription and over the counter medications, vitamins, and other supplements you are currently taking (you may continue list on back of form)

Table with 3 columns: Name, Dose, Frequency

Social History

Place of Birth: _____ Marital Status: _____

Names of Children and Ages _____

Highest Level of Education Completed or grade you are in now. _____

Occupation (if retired list previous occupation) _____

Recent Stresses or Major Life Changes _____

Cigarettes Per Day / Years You Have Smoked /Year You Quit _____

Amount of Snuff/ Chewing Tobacco Used Per Day _____

Amount and Type of Alcohol per Week _____

Amount and Type of Exercise per Week _____

Under Age 18 only

Weight at birth: _____ Age started puberty: _____ Age started periods: _____

Complications at birth: _____

Behavioral problems in school: _____

Family History

Do Any Of Your Close Relatives Have The Following Conditions?

Condition	Check if yes	Which Relative (s)?
Cancer of the breast		
Cancer of the colon		
Cerebrovascular disease (Stroke)		
Diabetes		
Heart Disease		
High Cholesterol		
Hypertension (high blood pressure)		
Kidney Stones		
Obesity		
Osteoporosis		
Thyroid Disease		

	Existing Medical Problems	Cause Of Death	Age at Death
Father			
Mother			

Check yes or no to the following symptoms

	<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>
<u>GENERAL SYMPTOMS</u>			<u>CARDIOVASCULAR</u>		
Fatigue			Chest pain		
Night sweats			Shortness of breath on exertion		
Weight gain			Irregular heart beat		
Weight loss			Leg cramps		
			Palpitations		
<u>SKIN</u>			Fast heart rate		
Brittle nails			Swelling (edema)		
Dry skin					
Hair loss			<u>GASTROINTESTINAL</u>		
Hives			Abdominal pain		
Itching			Bloating		
Rash			Constipation		
			Diarrhea		
<u>EYES, EARS, NOSE, THROAT</u>			Feeling full before end of meal		
Blurred vision			Excessive gas		
Double vision			Heartburn		
Problems with hearing			Hepatitis		
Ringing in ears (tinnitus)			Indigestion		
Vertigo			Loss of appetite		
Nosebleeds			Nausea		
Nasal congestion			Vomiting		
Snores					
Hoarseness			<u>MALES ONLY</u>		
Dry mouth			Change in sex drive		
Decreased sense of smell or taste			Unable to maintain erection		
			Unable to have an erection		
<u>PULMONARY</u>			Difficulty urinating		
Cough			Change in urine stream		
Shortness of Breath					
Wheezing			<u>FEMALES ONLY</u>		
			Painful periods		
<u>BREAST</u>			Heavy periods		
Breast discharge			Irregular periods		
Breast soreness			Pelvic pain		
Enlargement of breasts			Vaginal discharge		
Milk coming from breasts			Vaginal dryness		
			Vaginal itching/burning		
			Leakage of urine		

	<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>
<u>MUSCULOSKELETAL</u>			Hair changes		
Arthritis			Heat intolerance		
Joint pain			Libido change		
Restriction of movement			Sexual dysfunction		
Stiffness					
Swelling of joints			<u>HEMATOLOGICAL</u>		
Muscle cramps			Abnormal bleeding		
Muscle pain			Anemia		
Muscle weakness			Easy bruising		
			Painful lymph nodes		
<u>NEUROLOGICAL</u>			Bruises easily		
Decreased memory			Enlarged lymph nodes		
Dizziness					
Easily distracted			<u>MEDICAL PROBLEMS</u>		
Headache			Diabetes		
Numbness			High blood pressure		
Seizures			Heart disease		
Tremor			High cholesterol		
Trouble walking			Low blood sugar		
Weakness			Sleep apnea		
Tingling			Polycystic Ovary Syndrome		
			Infertility		
<u>PSYCHIATRIC</u>			Thyroid disease		
Anxiety			Hyperthyroidism		
Change in sleep pattern			Hypothyroidism		
Depression			Thyroid nodule		
Easily Irritated			Thyroid cancer		
Inability to concentrate			Thyroid eye disease		
Insomnia			Pituitary tumor		
Memory Loss			Pituitary problems		
Mood changes			High prolactin		
Nervousness			Acromegaly		
Panic attacks			Cushings syndrome		
Trouble falling asleep			Growth hormone deficiency		
Personality changes			Adrenal tumor		
			Congenital adrenal hyperplasia		
<u>ENDOCRINE</u>			Pheochromocytoma		
Appetite change			Hyperaldosteronism		
Cold intolerance			Adrenal insufficiency		
Excessive sweating			Fibrocystic breasts		
Excessive thirst			Breast cancer		
Excessive urination			Menopause		