

Health Questionnaire

Name _____ D.O.B _____ Date _____

1. Do you have allergies? _____ yes _____ no. Please list if yes _____

2. Type of allergy reaction _____
3. Have you ever been treated for drug addiction? _____ Yes _____ no
4. Have you ever been treated for alcoholism? _____ Yes _____ no
5. Risk factors for AIDS, Hepatitis and TB:
 - a. Have you had a blood transfusion? _____ yes _____ no
 - b. Have you ever been an IV drug user? _____ yes _____ no
 - c. Have you ever had sexual relation with an IV drug user? _____ yes _____ no
 - d. Other known exposure? _____ Needlestick _____ Occupational
 - e. Have you ever been exposed to TB? _____ yes _____ no
 - f. Do you have a chronic cough? _____ yes _____ no
6. Tobacco use:
 - a. Do you smoke presently? _____ yes _____ no
 - b. If yes, how long? _____ yes _____ no
 - c. Have you ever smoked? _____ yes _____ no
 - d. If yes, how long? _____ how much? _____ date stopped? _____
7. Immunizations:
 - a. Last Tdap booster date _____
 - b. If your last Tdap booster was 10 years ago or longer, Dr. Damico recommends you have one today _____ accepts _____ (\$80 for private pay)
 - c. If patient is a child, please bring their immunization record.
Is child up to date on immunizations? _____ yes _____ no
 - d. Have you ever had Measles? _____ yes _____ no _____ date
 - e. Have you ever had Mumps? _____ yes _____ no _____ date
 - f. Have you ever had Chicken Pox? _____ yes _____ no _____ date
8. Social History:
 - a. Marital Status _____ Married _____ Single _____ Divorced _____ Widowed
 - b. Do you have children? _____ yes _____ no _____ Number of children
 - c. Do your children live with you? _____ yes _____ no
 - d. What is your occupation? _____
Employed by: _____
Hours worked each week: _____
 - e. Spouse's occupation? _____
Employed by: _____

(OVER)