

**TIDEWATER PHYSICIANS MULTISPECIALTY GROUP  
PATIENT HISTORY QUESTIONNAIRE**

DATE \_\_\_\_\_

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ SOC. SEC # \_\_\_\_\_

ALLERGIES \_\_\_\_\_

CHIEF COMPLAINT \_\_\_\_\_

**PAST MEDICAL HISTORY**

Have you ever had the following: (Circle, if yes; leave blank, if uncertain)

Pneumonia	Tuberculosis	Back Trouble	Ulcers
Rheumatic Fever	Diabetes	High Blood Pressure	Kidney Disease
Heart Disease	Cancer	Hemorrhoids	Thyroid Disease
Arthritis	Polio	Asthma	Bleeding Tendency
Venereal Disease	Glaucoma	AIDS or HIV+	Immunizations up to date? _____
Anemia	Hernia	Mitral Valve Prolapse	Last tetanus shot? _____
Epilepsy	Blood or Plasma	Stroke	Other? _____
Migraine Headaches	Transfusions	Hepatitis	_____

PREVIOUS HOSPITALIZATIONS (WHEN? HOSPITAL, CITY, STATE?) \_\_\_\_\_

SURGERIES \_\_\_\_\_

MEDICATIONS (PRESCRIPTION & NONPRESCRIPTION): INCLUDE STRENGTH & HOW OFTEN YOU TAKE IT \_\_\_\_\_

**PATIENT SOCIAL HISTORY**

Occupation \_\_\_\_\_  
 Marital Status    Single \_\_\_\_\_    Married \_\_\_\_\_    Separated \_\_\_\_\_    Divorced \_\_\_\_\_    Widowed \_\_\_\_\_  
 #Pregnancies \_\_\_\_\_    #Live births \_\_\_\_\_    Last menstrual period \_\_\_\_\_    ( Men: #children \_\_\_\_\_ )  
 Use of alcohol:    Never \_\_\_\_\_    Rarely \_\_\_\_\_    Moderate \_\_\_\_\_    Daily \_\_\_\_\_  
 Use of tobacco:    Never \_\_\_\_\_    Previously, but quit \_\_\_\_\_    When? \_\_\_\_\_    Packs per day \_\_\_\_\_    #years \_\_\_\_\_  
 Use of drugs:    Never \_\_\_\_\_    Type/Frequency \_\_\_\_\_  
 Excessive exposure at home/work to:    Fumes \_\_\_\_\_    Dust \_\_\_\_\_    Solvents \_\_\_\_\_    Air-borne particles \_\_\_\_\_    Noise \_\_\_\_\_

**FAMILY MEDICAL HISTORY**

	Age	Diseases	If deceased, cause of death
Father	_____	_____	_____
Mother	_____	_____	_____
Mom's Mom	_____	_____	_____
Mom's Dad	_____	_____	_____
Dad's Mom	_____	_____	_____
Dad's Dad	_____	_____	_____
Siblings	_____	_____	_____