KAUR PSYCHIATRIC ASSOCIATES, PA 706 GREEN VALLEY RD # 506 GREENSBORO, NC 27404

HEALTH HISTORY QUESTIONNAIRE

Your answers on this form will help your health care provider better understand your medical concerns and conditions. If you are uncomfortable with any question, do not answer it. If you cannot remember specific details, please approximate. Add any notes you think are important.

ALL QUESTIONS CONTAINED IN THIS QUESTIONNAIRE ARE OPTIONAL AND WILL BE KEPT STRICTLY CONFIDENTIAL.

Favorite Pharmacy: ____

ALLERGIES: List anything that you are allergic to (medications, food, bee stings, etc.) and how each affects you.

ALLERGY	*REACTION*
1)	
2)	
3)	
4)	

MEDICATIONS: Please list all the medications you are taking. Include prescribed drugs & over the counter drugs, i.e., vitamins and inhalers.

	Drug Name	Strength	Frequency Taken
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

PAST MEDICAL HISTORY (Please check all that apply)

O Anxiety Disorder	O Dialysis	O Liver Disease
O Arthritis	O Fibromyalgia	O Insomnia
O Asthma	O Gout	O Osteoporosis
O ADD/ADHD	O Has Pacemaker	O Reflux or Ulcers
O Bi-Polar Disorder	O Heart Attack	O Stroke
O Bleeding Disorder	O Heart Murmur	O Obsessive Compulsive D/O
O Blood Clots	O HIV or AIDS	O Post Traumatic Stress
O Cancer	O High Cholesterol	O
O Coronary Artery Disease	O High Blood Pressure	O
O Claustrophobic	O Thyroid Disorder	O
O Depression	O Kidney Disease	O
O Diabetes	O Kidney Stones	O

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PAST SURGICAL HISTORY:

SURGERY	REASON	YEAR
1.		
2.		
3.		
4.		
5.		

FAMILY HEALTH HISTORY **SIGNIFICANT HEALTH PROBLEMS IN MY FAMILY**

RELATION	ALIVE?	AGE	ALCOHOLISM	DEPRESSION	DIABETES	HEART DISEASE	HIGH BLOOD PRESSURE	SUICIDE
MOTHER	☐Y ☐N							
FATHER	☐Y ☐N							
BROTHER/SISTER	☐Y ☐N							
BROTHER/SISTER	☐Y ☐N							
GRANDMOTHER (MATERNAL)	☐Y ☐N							
GRANDFATHER (MATERNAL)	☐Y ☐N							
GRANDMOTHER (PATERNAL)	☐Y ☐N							
GRANDFATHER (PATERNAL)	☐Y ☐N							
OTHER	☐Y ☐N							

SOCIAL HISTORY

EDUCATION	EXERCISE	ALCOHOL	DRUGS
☐ <8TH GRADE ☐High School ☐ 2 Yr College ☐4 Yr College ☐Post Graduate	☐ No Exercise ☐Occasional Exercise ☐ Moderate Exercise ☐High Level Exercise	Drink Alcohol? ☐ Yes ☐No How Often? ☐<3 times weekly ☐>3 times weekly # Drinks/week? _____	Do you currently use recreational or street drugs? ☐ Yes ☐No If yes, please check: ☐ Marijuana ☐ Cocaine ☐ Heroin ☐ Opiates ☐ Methamphetamines ☐ MDMA (Ecstacy/Molly) ☐ Other ____________