

DALLAS DIAGNOSTIC ASSOCIATION

HEALTH HISTORY QUESTIONNAIRE

The Health History Questionnaire is for you to answer before you are examined by the physician. It contains important information about your health which only you can provide.

Name: _____ Date: _____ Birth Date: _____

Age: _____ Sex: _____ Marital Status: _____ Occupation: _____

WHAT PROBLEMS BROUGHT YOU TO THE DOCTOR?

2. PREVIOUS OPERATIONS AND HOSPITALIZATIONS IN CHRONOLOGICAL ORDER:

3. MEDICATION AND DOSAGES:

4. ALLERGIES TO MEDICATIONS:

5. DO YOU SMOKE? YES NO (CIRCLE ONE)

6. DO YOU TAKE ONE OR MORE ALCOHOLIC DRINKS DAILY? YES NO (CIRCLE ONE)

7. FAMILY HISTORY ALIVE/AGE DECEASED ILLNESSES

MOTHER _____

FATHER _____

BROTHERS & SISTERS _____

CHILDREN _____

8. WHO REFERRED YOU TO DALLAS DIAGNOSTIC ASSOCIATION? _____