

**Dallas Diagnostic Association
Rheumatology Health History Questionnaire**

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

Name: _____ Date: _____

Date of Birth: _____ Age: _____ Sex: _____ Marital Status: _____ Occupation: _____

1. WHAT PROBLEMS BROUGHT YOU TO THE DOCTOR?

2. PREVIOUS MEDICAL DIAGNOSES AND SURGICAL OPERATIONS:

1. _____
2. _____
3. _____
4. _____

3. MEDICATIONS AND DOSAGES:

4. ALLERGIES TO MEDICATIONS:

5. Do you smoke? Yes No if yes, _____ packs per day for the past _____ months/years. If no, did you smoke in the past? Yes No if yes, _____ packs per day for _____ months/years

6. If you drink alcohol, what is the frequency and amount? _____

7. FAMILY HISTORY	ALIVE/AGE	DECEASED/AGE	ILLNESSE	S
MOTHER	_____	_____	_____	_____
FATHER	_____	_____	_____	_____
BROTHERS & SISTERS	_____	_____	_____	_____
CHILDREN	_____	_____	_____	_____

8. WHO REFERRED YOU TO DALLAS DIAGNOSTIC ASSOCIATION? _____