



7 Vanderbilt Park Dr. • Asheville, N.C. 28803 • (828) 255-7776

HEALTH QUESTIONNAIRE

PLEASE FILL IN ALL BLANKS:

Provider# _____ Account# _____

Name _____ Date _____

Height _____ Weight _____ Age _____ DOB _____ Right or Left Handed: _____

Referred By _____ Personal Physician _____

Unless you instruct us otherwise, a report will be sent to the doctor or agency who referred you and to your personal physician.

What is the reason for today's visit? _____

If result of an ACCIDENT, give date(s) and describe: _____

Are you employed now? _____ Last date worked? _____ Occupation _____

Duties _____ Heavy Lifting? Yes No

PAST MEDICAL HISTORY:

Please list any medical problems for which you regularly see a doctor such as high blood pressure, diabetes, lung disease: _____

Surgical:(Please list all surgeries with their dates even if unrelated to today's visit): _____

Medications:(Please list all medications and dosage including nonprescription pain relievers and vitamin supplements)

Name of medication	Dosage	Frequency of dose
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medication Allergies and Reactions _____

FAMILY MEDICAL HISTORY (List ages and diseases)

	Age	Disease
Mother	_____	_____
Father	_____	_____
Siblings	_____	_____
Children	_____	_____
Other relatives	_____	_____

SOCIAL: Tobacco Use _____ Alcohol _____ Illegal Drugs _____ Marital Status _____