185 West Ave.- Suite 301
Ludlow, MA 01056
413.583.6750

Health Questionnaire

Name: _____ DOB: _____
Date: _____ Pharmacy: (name) _____
Address: _____ (location) _____
Email: _____
Insurance ID #: _____
Rx Bin: _____ PCN: _____ Rx Grp: _____

Any Allergies to Medications: _____
Current Weight: _____ Marital Status: _____
Smoker/Non Smoker: _____ Race: _____
Ethnicity: _____ Language: _____

Please give us as much information as you can about your prior medical history. If possible, give dates, medication doses, names and phone numbers of treating doctors.

How would you characterize your health, in general, in the past:

Excellent **Good** **Average** **Poor** **Awful**

How would you characterize your health, right now:

Excellent **Good** **Average** **Poor** **Awful**

Do you have any serious or chronic medical conditions now or in the past?

_____
_____
_____
_____

Have you been hospitalized, or had any operations or surgical procedures?

_____
_____

List the medicines you are taking right now and in the past:

_____
_____

Please list your family physician and your other recent doctor and therapists:

_____

_____

Which doctor(s) should receive a copy of our report?

_____

_____

Past or present use of:

Tobacco: _____

Alcohol: _____

Drugs: _____

Please indicate if you have any of these problems:

__ Skin conditions
__ Frequent Headaches
__ Migraines
__ Past head injury
__ Loss of consciousness
__ Dizziness/Vertigo
__ Glasses/contact lenses
__ Blurry vision
__ Double vision
__ Cataracts
__ Glaucoma
__ Hearing loss
__ Ringing in the ears
__ Nose bleeds
__ Frequent sinusitis
__ Seasonal allergies
__ Sore throat
__ Respiratory problems
__ Shortness of breath
__ Asthma
__ Frequent cough
__ Chest pain
__ Cardiac problems
__ Heart murmur
__ Heart attack
__ High cholesterol
__ High blood pressure
__ Abdominal pain
__ Heartburn/reflux
__ Ulcers
__ Nausea/vomiting
__ Diarrhea/constipation
__ Frequent urinary infections
__ Frequent urination
__ Incontinence
__ Kidney stones
__ Gynecological problems
__ Menopause/Hormone Replacement Therapy
__ Muscle weakness
__ Joint pain
__ Back pain
__ Arthritis
__ Memory loss
__ Stroke
__ Seizures
__ Poor coordination
__ Motor tics
__ Numbness/Tingling
__ Hyperthyroid
__ Hypothyroid
__ Diabetes mellitus
__ Heat/cold intolerance
__ Weight gain/loss
__ Changes to hair

__ Fatigue
__ Anemia
__ Bruise easily
__ Gallstones
__ Liver problems
__ Hernias
__ Past blood transfusions
__ Blood disorder
__ Other:

What are your most troublesome problems at this time?

_____

_____

_____

Please indicate if any biologically related family member suffers from any of these medical problems:

__ High blood pressure
__ Cardiac problems
__ Heart attacks
__ Respiratory problems
__ Asthma
__ Diabetes mellitus
__ Hyperthyroidism
__ Hypothyroidism
__ Liver problems
__ Kidney problems
__ Arthritis
__ Lupus
__ Cancer
__ Seizures
__ Stroke
__ Migraines
__ Dementia
__ Alzheimer's disease
__ Parkinson's disease
__ Multiple Sclerosis

Please indicate if any biologically related family member suffers from any of these neuropsychiatric problems:

__ Depression
__ Bipolar disorder
__ Anxiety
__ ADD/ADHD
__ Obsessive Compulsive disorder
__ Schizophrenia
__ Psychosis or hallucinations
__ Tourette's syndrome
__ Learning Disability
__ Suicide attempts
__ Psychiatric hospitalization
__ Anger problems
__ Alcoholism
__ Drug abuse
__ Autism/Asperger's
__ Mental retardation

Other important family information that we ought to know:

_____

_____

Thanks for giving us this information. It will be treated with the utmost discretion. We do, however, routinely communicate relevant information with other treating health professionals and with family members, when appropriate.It is a privilege for us to serve you at Psych Care Associates, and we appreciate your confidence. Our website is www.psychcareludlow.com. Our phone number is 413.583.6750 and our fax number is 413.589.7001.

E-mail is not a reliable way to communicate with us. Voice mail is very reliable, though. If you need to get through to an operator, you can press 0. Sometimes it is hard to get a follow-up appointment. If you have to be seen sooner, ask for an emergency appointment. We try very hard to accommodate urgent situations.