

Catherine Cheung, D.P.M.

Patient Health Questionnaire

(To safeguard your information, please do not e-mail this form to us)

Date \_\_\_\_\_ Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex: Male Female

Brief Description of Injury/Complaint/Problem \_\_\_\_\_

If this is a work-related injury, what was your date of hire? \_\_\_\_\_

Are you in good health? Yes No

Do you have a pacemaker? Yes No

Are you a smoker? Yes No

If yes, how much do you smoke each day?

Have you ever been seriously ill? Yes No

Have you ever had any reactions to anesthesia? Yes No

Have you ever been hospitalized? Yes No

If yes, what year(s), and for what reason(s)?

Have you ever had surgery? Yes No

If yes, what year(s), and for what reason(s)?

If applicable, what was the date of your last menstrual cycle?

Have you ever had trouble with excessive bleeding or bruising? Yes No

Are you **ALLERGIC** to any medications? Yes No

If yes, please list them:

Are you taking any medications (either prescribed or over-the-counter) at present? Yes No

If yes, please list them:

Please place an "X" next to any illnesses you now have or you have had in the past:

- |                 |                                       |                          |
|-----------------|---------------------------------------|--------------------------|
| ___ Alcoholism  | ___ Epilepsy                          | ___ Mental Illness       |
| ___ Allergies   | ___ Glaucoma                          | ___ Migraine Headaches   |
| ___ Anemia      | ___ Head/Neck Injury                  | ___ Respiratory Problems |
| ___ Asthma      | ___ Heart Trouble/High Blood Pressure | ___ Rheumatic Fever      |
| ___ Cancer      | ___ Hepatitis                         | ___ Stomach Problems     |
| ___ Diabetes    | ___ Kidney/Liver Problems             | ___ Ulcers               |
| ___ Other _____ |                                       |                          |

Is there any other information we should know about your health? \_\_\_\_\_