



NEW PATIENT QUESTIONNAIRE

Print Name: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Pharmacy Location: \_\_\_\_\_

**MEDICAL HISTORY**

- Heart attack
- Heart failure
- Heart rhythm problems
- High blood pressure
- Diabetes
- Thyroid disorder
- Clotting disorder
- Family** history of aneurysms, bleeding, or clotting disorders
- Check if you have a durable power of attorney or advance directive, and *please provide us a copy*
- Kidney disease
- Dialysis
- Back problems
- Neck problems
- Arthritis
- Gout
- Stroke / mini stroke
- Headaches
- Cancer
- Asthma
- COPD
- Lung problem
- Sleep apnea
- Liver disease
- Acid reflux / GERD
- Stomach ulcers
- Psychiatric illness
- Substance abuse
- Other:
- Other significant **Family** medical conditions

**SURGICAL HISTORY:** *please list all operations and approximate date*

\_\_\_\_\_

\_\_\_\_\_

- Defibrillator – Brand: \_\_\_\_\_
- Pacemaker – Brand: \_\_\_\_\_
- Anesthesia complications?
- Family** history of anesthesia complications?

**SOCIAL HISTORY**

Tobacco:  Never  Former  Current  Chew  Pipe  
 Packs per day: \_\_\_\_\_ Number of years: \_\_\_\_\_ Quit date: \_\_\_\_\_  
 Alcohol:  None  Occasionally  Daily – amount \_\_\_\_\_  
 Current or past drug use: \_\_\_\_\_  
 Current or past occupation: \_\_\_\_\_

**ACTIVITY**

- Limited mobility
  - Moderate activity
  - Exercise weekly
  - Exercise daily
- Can you walk up two flights of stairs without difficulty?  YES  NO

**CURRENT SYMPTOMS**

- Fatigue
- Fever
- Chills
- Chest pain
- Palpitations
- Exercise limitation
- Pain with walking
- Erectile dysfunction
- Recent infectious exposure
- Cough
- Shortness of breath
- Heavy snoring
- Abdominal pain
- Constipation
- Diarrhea
- Easy bleeding
- Easy bruising
- Nosebleeds
- Dental problems
- Varicose veins
- Leg swelling
- Leg ulcers
- Leg color change
- Numbness
- One-sided weakness
- One-sided vision loss
- Memory loss
- Word finding difficulties
- Headaches
- Other:**

