# PATIENT HEALTH QUESTIONNAIRE

*Update Patients complete all questions*

**Patient Name** ______________________________________________ **Soc. Sec. #** _____________________**DOB** ____________
FIRST MI LAST

**Address** ________________________________________________**City** _________________ **State** ________ **Zip** _____________

**Home Phone** (_____)___________________ **Work #** (_____)___________________ **Cell#** (____)_____________________________

**Emergency Contact:**___________________________________ **Phone #**_______________________________________________

**Spouse/Guardian** _________________________________ **Marital Status (circle) Married Single Divorced Widowed**

**CHIEF COMPLAINT: PURPOSE OF THIS APPOINTMENT:** ______________________________________________________

**Date symptoms appeared or accident happened:** ____________________________________________________________

**Is this due to: Auto____ Work____ Other**__________________________________________________________________

**In general would you say your overall health right now is…**

**__Excellent __Very Good __Good __Fair __Poor**

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**Since your last visit to our office have you had any fractures?** _____ **falls?** ______ **serious illness?** _____ **motor vehicle accident?** ____

**Have you ever had the same or similar condition? Yes No If yes, when and describe:** ___________________________________

_____________________________________________________________________________________________________________

**Have you seen another doctor for this condition? Yes No / If Yes, Dr Name:**_____________________________________________

**Days lost from work: Yes No If Yes # of days**_______________ **Is there a possibility that you might be pregnant? Yes No**

**Medications you are currently taking:** _______________________________________________________________________

_____________________________________________________________________________________________________________

**Patient/Parent/Guardian Signature** ___________________________________________________________ **Date** ________________

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