



# The Work Clinic's Health History Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
 Current Employer: \_\_\_\_\_ Job/Position: \_\_\_\_\_  
 Date of Hire: \_\_\_\_\_ Hours per Week: \_\_\_\_\_ Date of Injury: \_\_\_\_\_  
 Medications: \_\_\_\_\_  
 Allergies to Medications: \_\_\_\_\_

### Health History

- High blood pressure
- Heart Disease
- High Cholesterol
- Diabetes
- Elevate Blood Sugar
- Head/Brain Injury
- Asthma/Lung Disease
- Kidney Disease/Dialysis
- Liver Disease/Cirrhosis
- Hepatitis
- Nervous or Psychiatric Disorder

### Personal History

- Use of Tobacco
- Alcohol use
- Drug use
- Other intoxicants
- Married
- Single

### Family History

- High blood pressure
- High Cholesterol
- Diabetes
- Elevate blood sugar
- Drug Dependency
- Cancer
- Nervous or Psychiatric Disorder

### Pain Level

Pain Severity (circle)  
 1 2 3 4 5 6 7 8 9 10  
 Duration: \_\_\_\_\_  
 Location of Pain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Review of Systems

### General

- Weight loss/gain
- Fatigue
- Fever/Chills
- Weakness

### Skin

- Rashes
- Lumps
- Itching
- Dryness

### Head

- Headache
- Head Injury

### Ears

- Decreased hearing
- Ringing in Ears
- Ear Pain

### Eyes

- Vision Loss/Changes
- Pain
- Redness
- Flashing Lights

### Nose

- Congestion
- Itching
- Hay Fever
- Nosebleeds

### Throat

- Bleeding
- Sore Tongue
- Sore Throat
- Hoarseness

### Neck

- Lumps
- Pain
- Stiffness

### Respiratory

- Cough
- Coughing up Blood
- Shortness of

### Cardiovascular

- Chest Pain/Discomfort
- Tightness
- Palpitations

### GI

- Heartburn
- Change in Appetite
- Nausea
- Rectal Bleeding
- Constipation
- Diarrhea

### Urinary

- Frequency
- Urgency
- Burning/Pain
- Incontinence

### Vascular

- Calf pain w/walking
- Leg Cramping

### Blood Disorder

- Ease of Bruising
- Ease of Bleeding
- Anemia

### Musculoskeletal

- Muscle/joint pain
- Stiffness
- Swelling of Joints
- Redness of Joints

### Neurological

- Dizziness
- Fainting
- Numbness
- Tingling

### Endocrine

- Heat/Cold Intolerance
- Sweating
- Thirst
- Frequent Urination

### Psychiatric

- Nervousness
- Stress
- Depression
- Memory Loss

Signature: \_\_\_\_\_