



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

Nose

- Congestion
- Itching
- Hay Fever
- Nosebleeds

Cardiovascular

- Chest Pain/Discomfort
- Tightness
- Palpitations

Musculoskeletal

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

Skin

- Rashes
- Lumps
- Itching
- Dryness

Throat

- Bleeding
- Sore Tongue
- Sore Throat
- Hoarseness

GI

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

Neurological

- Dizziness
- Fainting
- Numbness
- Tingling

Head

- Headache
- Head Injury

Neck

- Lumps
- Pain
- Stiffness

Urinary

- Frequency
- Urgency
- Burning/Pain
- Incontinence

Endocrine

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

Ears

- Decreased hearing
- Ringing in Ears
- Ear Pain

Respiratory

- Cough
- Coughing up Blood
- Shortness of

Vascular

- Calf pain w/walking
- Leg Cramping

Psychiatric

- Nervousness
- Stress
- Depression
- Memory Loss

Eyes

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

Blood Disorder

- Ease of Bruising
- Ease of Bleeding
- Anemia

Signature: _____