

# DR. TARAS' HEALTH QUESTIONNAIRE

(Please ask for assistance)

What are the reasons for today's visit?

---

---

---

---

---

---

Past Surgeries:

Have you ever had any anesthesia?.....No Yes

Type: Local Epidural or Spinal General

Have you ever had any surgery?.....No Yes

Yr - Where - Diagnosis - Surgery

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Allergies:

Any medication / antibiotic allergies?.....No Yes

To What \_\_\_\_\_

What happens \_\_\_\_\_

Any food allergies?.....No Yes

To What \_\_\_\_\_

What happens \_\_\_\_\_

Any iodine or dye allergies?.....No Yes

To What \_\_\_\_\_

What happens \_\_\_\_\_

Any other allergies? .....No Yes

To What \_\_\_\_\_

What happens \_\_\_\_\_

Medications:

Taking prescription medications?.....No Yes

Name / Dose / Frequency: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Taking Herbal medications?.....No Yes

Name / Dose / Frequency: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Taking over-the-counter medications?.....No Yes

Name / Dose / Frequency: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctor Care:

Current other doctors?.....No Yes

Names / Specialties / City / Phone# / Fax#: \_

\_\_\_\_\_

\_\_\_\_\_

Past other doctors?.....No Yes

Names / Specialties / City / Phone# / Fax#: \_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Social History(circle one):

->Alcohol- Never / Rarely / Weekly / Daily / Excess

->Tobacco- Never / Quit / Rarely / Packs per day\_\_

Interested in stopping?.....No Yes

->Current illegal drug use?.....No Yes

->Past illegal drug use?.....No Yes

->Any IV-intravenous illegal drug use?.....No Yes

Family Medical History (Circle All That Apply):

Has your Dad, Mom, Dad's Parents, Mom's Parents,

Siblings, Children, or Other Close Family

Members Have any of the diseases below?

Cancer, Heart Dz., Hi.Bld.Presr., Stroke, Diabetes,

Thyroid Dz., Mental Illness, Epilepsy, or Other

problems?

Please Elaborate (i.e. Dad has Heart Dz. Began age

50, Mom's Mom had Breast Cancer 1<sup>st</sup>

diagnosed age 65):

---

---

---

---

---

---

---

---

---

---

ANYTHING ELSE YOU WANT TO ADD?.....No Yes

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print Your Name & Today's Date: \_\_\_\_\_