



Anacortes Family Medicine / The Walk-In Clinic at Island Hospital

ABBREVIATED HEALTH QUESTIONNAIRE

Name: _____ Birth Date: ____ Today's Date: ____

ALLERGIES							
					1		
CURRENT MEDICAL PROBLEMS		FAMILY	_	LIVING		DECEASED	
(ie. Asthma, cancer, diabetes, heart disease, stroke, seizures, bleeding disorders, thyroid, mental illness, etc.)		HISTORY	Age	Major Illness	es Age at Death	Cause of Death	
·		FATHER					
		His Father					
		His Mother					
		MOTHER					
		Her Father					
		Her Mother					
DAGE HOODITAL IZATIONO	DATES	SIBLINGS					
PAST HOSPITALIZATIONS	DATES						
		Place include	any hi	etory abovo o	f: aethma alle	argies cancer	
		Please include any history above of: asthma, allergies, cancer, diabetes, heart disease, stroke, seizures, bleeding disorders, thyroid					
		conditions, me			cs, biccurig	disorders, triyroid	
CURRENT MEDICATIONS		SOCIAL HISTORY					
(Please include over-the-counter	DOSE	Smoker: No Yes If a former smoker, when did you quit?					
meds, vitamins & supplements)		Number of packs per day: Number of years:					
	Chewing Tobacco: No Yes How often?						
		Alcohol: No Yes Number of drinks per day:					
		Substance/other drug use: No Yes Please describe:					
		Exercise: Type of activity:					
		Number of times per week: Length of time:					
		Safety: Do you always wear a seatbelt? Helmet?					
	Any current / past history of abuse (physical, emotional, financial, etc					onal, financial, etc)?	
			Marriage/partnership/children: Occupation: Years of Education:				
		HEALTH MAINTENANCE					
		Previous primary care provider:					
		Other health care providers you see:					
	Other health care providers you see:						
		Do you have a living will / advance directive?					
			Last cholesterol level: Date:				
		Last glucose level: Date:					
		Date of last co		ору:			
PAST SURGERIES/INJURIES	DATES	Date of last m					
		Date of last pap smear: Any abnormal paps?					
		VACCINATIONS					
		Influenza (flu)		Yes		ate:	
		Pneumonia		Yes		ate:	
		Tdap (tetanus, d	phtheria,			ate:	
		Shingles		Yes	No Da	ate:	