



A Division of Gayton Health Centre
Main Office: 216 Corder Road – Warner Robins, GA 31088
Phone (478) 923-5872 Fax (478) 929-6266

MEDICAL HISTORY QUESTIONNAIRE

Full Name: _____ Preferred name: _____

Primary Care Physician: _____

Pharmacy: _____ Location (street & city) _____

Review of Systems: (Please mark all that apply)

Eyes

- Previous Surgery
- Contact Lens
- Pain
- Double Vision
- Glaucoma
- Cataracts
- Macular Degeneration
- Dry Eyes
- Flashes
- Floaters

Ear, Nose, and Throat

- Hard of Hearing
- Ringing in Ears
- Vertigo

Cardiovascular

- Chest Pain
- Dizziness
- Fainting Spells
- Shortness of Breath
- Irregular Heart Beat
- Difficulty Lying Flat

Constitutional

- Fatigue / Weakness
- Fever
- Weight Gain / Loss

Respiratory

- Cough
- Congestion
- Wheezing
- Asthma

Gastrointestinal

- Heartburn
- Nausea / Vomiting
- Jaundice / Hepatitis

Genito-Urinary

- Pain / Difficulty
- Blood in Urine
- History of Kidney Stones
- History of STD's

Psychiatric

- Anxiety / Depression
- Mood Swings
- Difficulty Sleeping

Endocrine

- Increased Thirst
- Increased Hunger
- Increased Urination
- Increased Sweating
- Fingernail Changes
- Diabetes

Blood / Lymph nodes

- Easy Bruising
- Gums Bleed Easy
- Prolonged Bleeding
- Heavy Aspirin Use

Musculoskeletal

- Stiffness
- Arthritis
- Joint Pain / Swelling
- Fallen X2 in the past year
- Injured in fall in past year

Skin

- Rash / Sores
- Lesions
- Hives / Eczema
- Cold Sores

Neurological

- Seizures
- Weakness / Paralysis
- Numbness
- Tremors

Immunologic

- Hives
- Itching
- Runny Nose
- Sinus Pressure