

Chief Complaints and Health History Questionnaire

Name: _____ Date: _____

1. What is your chief complaint? Please **briefly** list the ailment(s).

2. When did you first have this/these complaint(s), even in a very mild form?

3. What, if any, diagnosis was made? What diagnostic tests were performed?

4. Did you consult a health professional? If so, what is their specialty?

5. Please list any known history of disease in your family such as cancer, heart disease, diabetes, alcoholism, etc. What is your relationship? If deceased, what was your parents', grandparents', siblings' cause of death?

[illegible]

6. Please list any treatments and/or noteworthy medical events. Specific dates don't matter; approximate as best you can.

[illegible]