psych care associates, p.c.

Health Questionnaire

Patient Name: _____
DOB: _____
Date:_____
Email: _____
Phone:_____

Pharmacy:_____
Pharmacy Address:
_____
Insurance Carrier:_____Issue Date:_____
Insurance ID #:_____
Rx Bin: _____PCN: _____Rx Grp: _____

Please give us as much information as you can about your prior medical history. If possible, give dates, medication doses, names and phone numbers of treating doctors.

How would you characterize your health, in general, in the past:
(Circle one) **Excellent** **Good** **Average** **Poor** **Awful**
How would you characterize your health, right now:
(Circle one) **Excellent** **Good** **Average** **Poor** **Awful**

Do you have any serious or chronic medical conditions now or in the past? ☐ Yes ☐ No
_____
_____
_____

Have you been hospitalized, or had any operations or surgical procedures? ☐ Yes ☐ No
_____
_____
_____

List the medicines you are taking right now:
_____
_____
_____
_____
_____
_____

List the medicines you have taken in the past:
_____
_____
_____
_____
_____
_____

Please list your family physician and your other recent doctor and therapists:
_____
_____

Any Allergies to Medications: ☐ Yes ☐ No
List medications: _____
Current Weight: _____ Marital Status: _____
Current Height:_____ Race:_____
Ethnicity: _____ Language: _____

Please indicate if **any biologically related family member** suffers from any of these medical problems:

__ High blood pressure
__ Cardiac problems
__ Heart attacks
__ Respiratory problems
__ Asthma
__ Diabetes mellitus
__ Hyperthyroidism
__ Hypothyroidism
__ Liver problems
__ Kidney problems
__ Arthritis
__ Lupus
__ Cancer
__ Seizures
__ Stroke
__ Migraines
__ Dementia
__ Alzheimer's disease
__ Parkinson's disease
__ Multiple Sclerosis

Please indicate if **any biologically related family member** suffers from any of these neuropsychiatric problems:

__ Depression
__ Bipolar disorder
__ Anxiety
__ ADD/ADHD
__ Obsessive Compulsive disorder
__ Schizophrenia
__ Psychosis or hallucinations
__ Tourette's syndrome
__ Learning Disability
__ Suicide attempts
__ Mental retardation
__ Psychiatric hospitalization
__ Anger problems
__ Alcoholism
__ Drug abuse
__ Autism/Asperger's

Other important family information that we ought to know:

_____

_____

Please indicate if **you** have any of these problems:

__ Skin conditions
__ Frequent Headaches
__ Migraines
__ Past head injury
__ Loss of consciousness
__ Dizziness/Vertigo
__ Glasses/contact lenses
__ Blurry vision
__ Double vision
__ Cataracts
__ Glaucoma
__ Hearing loss
__ Ringing in the ears
__ Back pain
__ Motor tics
__ Memory loss
__ Diabetes mellitus
__ Changes to hair
__ Bruise easily
__ Gallstones
__ Arthritis
__ Menopause/Hormone Replacement Therapy
__ Nose bleeds
__ Frequent sinusitis
__ Seasonal allergies
__ Sore throat
__ Respiratory problems
__ Shortness of breath
__ Asthma
__ Frequent cough
__ Chest pain
__ Cardiac problems
__ Heart murmur
__ Heart attack
__ High cholesterol
__ Poor coordination
__ Hyperthyroid
__ Stroke
__ Heat/cold intolerance
__ Fatigue
__ Past blood transfusions
__ Liver problems
__ High blood pressure
__ Abdominal pain
__ Heartburn/reflux
__ Ulcers
__ Nausea/vomiting
__ Diarrhea/constipation
___ Frequent urinary infections
__ Frequent urination
__ Incontinence
__ Kidney stones
__ Gynecological problems
__ Muscle weakness
__ Joint pain
__ Numbness/Tingling
__ Hypothyroid
__ Seizures
__ Weight gain/loss
__ Anemia
__ Blood disorder
__ Hernias
__Other:_____

_____

What are your most troublesome problems at this time?

_____

_____

_____

Past or present use of:
Tobacco: ☐ Yes ☐ No
Alcohol: ☐ Yes ☐ No
Drugs: ☐ Yes ☐ No

Thanks for giving us this information. It will be treated with the utmost discretion. We do, however, routinely communicate relevant information with other treating health professionals and with family members, when appropriate. It is a privilege for us to serve you at Psych Care Associates, and we appreciate your confidence. Our website is www.pcaludlow.com. Our phone number is 413.583.6750 and our fax number is 413.589.7001. E-mail is not a reliable way to communicate with us. Voicemail is very reliable, though. If you need to get through to an operator, you can press 0. Sometimes it is hard to get a follow-up appointment. If you have to be seen sooner, ask for an emergency appointment. We try very hard to accommodate urgent situations.