

Patient Health Questionnaire

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Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Why are you seeing the doctor today and how long have you had these symptoms?
\_\_\_\_\_

LIST ANY ALLERGIES TO
MEDICINE OR FOOD

- Penicillin Vicodin Keflex Latex
No allergies Other

Do you presently have or have you frequently had?

- High Blood Pressure Stroke Heart Attack / Heart Conditions Irregular Heart Beats / MVP Thrombophlebitis / Blood Clots Chest Pain Shortness of Breath Asthma/Emphysema/Tuberculosis Back or Neck Injuries Cold Sores/ Herpes Bladder Infections, frequent Aids / HIV Pacemaker
Anemia or Bleeding Tendency? Diabetes: Type Thyroid Problems Recent Wt Gain Loss lbs Kidney Disease Bowel Problems Stomach Ulcers / GERD Seizures/fainting spells Have you ever taken Accutane? Take weight- reducing medication? Visual Impairment/Dry Eyes/Cataracts Visual Problems/Tumors/Glaucoma Glasses / Contacts / Implants
Regularly take aspirin or steroids? Breast lumps or discharge Breast Implants Hernia: of Treated for depression or anxiety? Hip/ Knee/ Shoulder Replacement? Fractures: where? Cancer (of /date) Other

LIST ALL MEDICATIONS & SUPPLEMENTS INCLUDING DRINKS, HERBS, ENERGY SUPPLEMENTS

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

LIST ALL HOSPITALIZATIONS / SURGERIES / AUTOIMMUNE DISORDER

Year Year
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Family History of Disease (List family member/type)
Diabetes Stroke Heart Disease Cancer Hypertension Other

Do you smoke now ? yes no Never In the Past How Much? Quit when?

Do you drink alcohol? yes no Type (wine, beer, etc.) How often?

List physical activities (sports,etc.)

Date of last EKG Location Date of last Chest X-Ray Location

FEMALE PATIENTS ONLY - COMPLETE THE FOLLOWING:

Mammogram (date) (location) Results:

Gynecologist Phone #

Other Regular Doctors Phone #

Number of Pregnancies Number of Births Method of Birth Control Last menstrual cycle

Could you be pregnant now? yes no

ALL PATIENTS SIGN BELOW

I certify that I have disclosed my medical history to the best of my knowledge.

Patient Signature Date

Updated