BROADWAY SPORTS & INTERNAL MEDICINE, P.S. $1600\ 116^{\text{TH}}$ AVE NE SUITE 202

1600 116TH AVE NE SUITE 202 BELLEVUE, WA 98004 P: 206 215-2288 F:206 215-2289

MEDICAL HISTORY QUESTIONNAIRE

DateName		Date of B	irth		_ HT	WT
Current Medical Complaints		Current Me	dications	5		
1		1				
2		2				
3		3				
4		4				
Medication Allergies/Sensiti	vities	5				
1		_ Drugs Freq	uently o	r Pres	ently Use	ed:
2		Sleeping Pil Tranquilizers	ls s	Thy		
3		Anti-Denres	sant	Digi	italis	
Hospitalizations (please list on	back if more)	Estrogen Ho Birth Contro Laxative	l Pill	Bloo Anta Vita	acids	Pill
1		-	nt	Vita		
2		Asthma Pill Nitroglycerir	1		creational D	rugs"
Medical Problems Previousl	y Treated	Iron Surgeries/ /		Oth S	er	
1		_ 1				
2		2				
3		3				
Date of Last Mammogram			Living	Will	Yes or	No
Date of Last Colonoscopy						
Date of Last Glaucoma Check						
Social History: Occupation		Marital Status: S	М	W	D	
Smoking:	Alcoh	-	Coffee	-		
Packs Per DayYears Smoked		Drinks Per Day		Per Da	ay	
Years Stopped Pipe Cigar Chew	Aspir Tabs	in Per Day				

Vaccinations/Injections

Tetanus	Date	Hepatitis B	Date
Pneumonia	Date	Flu	Date
Measles	Date	Shingles	Date
Hormone	Date	Other	Date
Hepatitis A	Date		

FAMILY HISTORY

Please provide your **FAMILY's** health history below by checking the boxes for mother and father, and specifying other relatives (grandfather, for example) on the line provided. Family includes mother, father, brothers, sisters and grandparents.

Mother	Father	Other Relative (Which one)		
			High Blood Pressure	
			Heart Disease	
			Breast Cancer	
			Colon Cancer	
			Other Cancer	
			Mental Illness	
			Stroke	
			Diabetes	

HAVE YOU ANY OF THE FOLLOWING IN THE LAST THREE MONTH

	No	Yes, Please Explain
Fever		
Chills		
Sweats		
Weight Loss/Gain		
Fatigue		
Weakness		
Skin Rash, Lumps, Nodules		
Tumor or swelling		
Headaches		
Eye Troubles		
Ear Troubles		
-Pain		
-Hearing Loss		
-Ringing		
-Imbalance/Dizziness		

Nose Troubles-sinusitis -Bleeding -Stuffiness -Drainage -Hay Fever Throat troubles -Hoarseness -Pain Lymph node swelling Lung troubles -Shortness of breath @ rest -Shortness of breath @ exercise -Sleeps sitting up due to S.O.B -Awakens at night due to S.O.B -Awakens at night due to S.O.B -Preumonia -Bronchitis -Preumonia -Bronchitis -Heart troubles -Chest pain -Skipping heart beats -Irregular heart rhythm -Heart murmu -Heart murmu -Heart murmu -Heart failure -Black out spells -Hypertension -Low blood pressure -Ankle swelling GI Problems -Loss of Appetite -Fills up quickly with eating -Pain with swallowing -Nausea/Vomitting blood		No	Yes, Please explain
-Stuffiness -Drainage -Hay Fever Throat troubles -Hoarseness -Pain -Lymph node swelling -Lung troubles -Shortness of breath @ rest -Shortness of breath @ exercise -Sleeps sitting up due to S.O.B -Awakens at night due to S.O.B -Wheezing -Asthma -Cough -Pneumonia -Bronchitis -Bronchitis -Heart troubles -Chest pain -Skipping heart beats -Irregular heart rhythm -Heart murrur -Heart failure -Black out spells -Hypertension -Low blood pressure -Ankle swelling GI Problems -Class of Appetite -Fills up quickly with eating -Pain with swallowing -Pain with hot/cold/fuzzy drinks -Abdominal pain -Nausear/Vomitting	Nose Troubles-sinusitis		
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-Food catching with swallowing -Pain with hot/cold/fuzzy drinks -Abdominal pain -Nausea/Vomitting	-Fills up quickly with eating		
-Pain with hot/cold/fuzzy drinks	-Pain with swallowing		
-Abdominal pain	-Food catching with swallowing		
-Nausea/Vomitting	-Pain with hot/cold/fuzzy drinks		
	-Abdominal pain		
-Vomitting blood	-Nausea/Vomitting		
	-Vomitting blood		

HAVE YOU EVER EXPERIENCE ANY OF THE FOLLOWING:

	No	Yes, Please explain
Heartburn/indigestion		
Nervous stomach		
History of stomach ulcers		
Diarrhea		
Constipation		
History of colitis		

	No	Yes, please explain
Irritable bowel		
Hemorrhoids		
Rectal bleeding		
Rectal pain		
Gallbladder trouble		
Hepatitis		
Liver problems		
Urology		
-Trouble with urination		
-Trouble stopping urination		
-Burning		
-Frequent urination		no of times per day
-Night time urination		,
-Urination with cough or sneeze		
-Blood in urine		
-Kidney stones		
-Urinary tract infection		
Bruise easily		
Bleeding problems		
Varicose veins		
Phlebitis		
Muscle cramps		
Muscle aches arms/legs		
Dizziness		
Vertigo		
Lightheadedness		
Feeling faint		
Numbness in extremities		
Weakness in extremities		
Joint pains or stiffness		
-Fingers		
-Wrists		
-Elbows		
-Shoulders		
-Hips		
-Knees		
-Ankles		
-Feet		
Neck pain		
Back pain		
Bursitis		
Thyroid problems		
Thirsty		
Dry skin		
Oily skin		
Cold all the time		
Too Warm		
100 Walli		

	No	Yes, Please explain	
Diabetes (includes pregnancy)			
Low blood sugar			
High cholesterol			
Depression			
Sleeping problems			
Snoring			
Anxiety			
Nervous			
Irritable			
Anger problems			
Diet			
-Fat intake	High	Medium Low	
-Salt intake	High	Medium Low	
Aerobic exercise frequence		How long	
Do you utilize seatbelts?			
Do you use a bike helmet?			
Females Only			
Pregnant			
Preform self breast exam?			
Breast lumps, nodules			
Breast milk discharge			
Breast biopsy			
Date of Last pap			
History of abnormal pap			
History of genital warts			
History of genital herpes			
Vaginal discharge			
Vaginal itch or bad odor			
Vaginal bleeding			
Abnormal periods			
Hot Flashes			
Other STD history			
Males Only			
Erection dysfunction			
Testicular cancer screening			
Sterility			
Premature ejaculation			
Impotence			
Abnormality of Male Genitalia			
Potency			
Failure to maintain erection			
Discharge			
STD history			
Preformed self exam for			
testicular mass/lumps			
Date of last PSA			