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ADULT HEALTH QUESTIONNAIRE

LAST NAME	FIR	FIRST NAME	
DATE OF BIRTH	PRIMARY CARE	PHYSICIAN	
PHARMACY	PHONE NUMBER		
EMERGENCY CONTACT	(NAME/PHONE)		
GENERAL HISTORY:			
AGE: HEIGHT	WEIGHT	RACE	
*ANY MEDICATION ALLERG	IES (PLEASE LIST ALLERGY AND	REACTION)	
SOCIAL HISTORY:			
DO YOU SMOKE? YES/NO	HOW MANY PACKS DAILY	HOW LONG?(YEARS)	
DID YOU SMOKE IN THE PAS	ST? YES/NO WHEN DID YOU Q	UIT?	
OTHER TOBACCO PRODUCT	S?		
RECREATIONAL DRUGS? SP	ECIFY		
(CIRCLE ANY OF THE FOOTHERS NOT ON LIST)	OLLOWING YOU HAVE/HAD	IN PAST OR CURRENT. PLEASE A	DD
DIABETES	ASTHMA	PSYCHIATRIC	
SUBSTANCE ABUSE	EMPHYSEMA	CHRONIC BRONCHITIS	
CHRONIC EAR DISEASE	ACID REFLUX	CANCER	
HEARING LOSS	CHRONIC SINUSITIS	HIV	
PSORIASIS/ECZEMA	SEASONAL ALLERGIES	SLEEP APNEA CPAP? YES/NO	
NEUROGOLIC	DIZZINESS/VERTIGO	BLEEDING/CLOTTING DISORDER	
THROAT	HOARSENESS	VOICE	
SEIZURE DISORDER	HYPERTENSION	HEADACHE	
BLOOD THINNERS: YES/NO			
PREGNANCIES? YES/NO	NUMBER OF PREGNANCIES		

PAST SURGICAL HISTO	ry and dates:
-	DATEDATE
	DATEDATE
CURRENT MEDICATION	NS/VITAMINS AND DOSAGE:
	DOSAGE
FAMILY HISTORY: C	IRCLE CONDITIONS THAT RUN IN THE FAMILY:
BLEEDING/CLOTTING	DISORDERS HEARING LOSS ANESTHESIA COMPLICATIONS
REVIEW OF SYSTEM	S: Please circle all that apply:
CONSTITUTIONAL:	unexplained weight loss weight gain fever chills fatigue
EYES:	corrective lens blurry vision double vision eye pain redness watering
ENT:	headaches difficulty swallowing nose bleeds ringing in ears ear aches hearing loss
CARDIOVASCULAR:	chest pain palpitations fainting murmurs
RESPIRATORY:	shortness of breath wheezing cough chest tightness pain with breathing snoring
GASTROINTESTINAL:	heartburn nausea vomiting constipation diarrhea bloody/tarry stools
GENITOURINARY:	urinary frequency urgency difficult or painful urination flank pain bleeding with urination
MUSCULOSKELETAL:	joint pain swelling stiffness
SKIN:	skin changes sore that won't heal rash itching redness hives
HEMATOLOGIC:	easy bleeding bruising
NEUROLOGICAL:	numbness tingling dizziness unsteady gait
PSYCHIATRIC:	anxiety depression
ENDOCRINE:	excessive thirst heat tolerance cold tolerance
ALLERGIC:	reaction to foods or environment
PATIENT SIGNATURE	DATE: