Client Questionnaire

Patient Information
Patient Name: Jane Doe
Date of Birth: 05/15/1980
Gender: ☐ Male ☑ Female ☐ Others (specify):
Address:
123 Main Street, Anytown, USA
Phone Number: (555) 555-5555
Email Address: jane.doe@email.com
Preferred Method of Contact: Phone
Medical History
1. Do you have any chronic medical conditions? ☑ Yes ☐ No
If yes, please list:
Hypertension, Type 2 Diabetes
2. List any surgeries you have had and their dates:
None
3. Are you currently taking any medications or supplements? ☑ Yes ☐ No
If yes, please list:
Lisinopril (10mg daily), Metformin (1000mg twice daily)
4. Have you ever been hospitalized for a medical condition? ☐ Yes ☑ No
If yes, please provide details:

5. Do you have any allergies? ☐ Yes ☑ No	
If yes, please specify:	
Current Health Status	
1. Please describe your reason for visiting us today:	
Routine check-up for diabetes management	
2. How would you rate your overall health currently	
Good	
3. Are you experiencing any specific symptoms or concerns? ☐ Yes ☑ No	
If yes, please describe:	
4. On a scale of 1 to 10, how would you rate the severity of your symptoms? (1 being mild, 10 being severe):	
N/A	
Family History	
Are there any significant medical conditions in your family history? ☑ Yes ☐ No	
If yes, please specify:	
Mother had hypertension and father had heart disease.	
Lifestyle and Habits	
1. Do you smoke? ☐ Yes ☐ No	
If yes, how many cigarettes per day:	
2. Do you consume alcohol? ☑ Yes ☐ No	
If yes, how many drinks per week: Occasionally, 1-2 drinks per week.	
3. Do you exercise regularly? ☐ Yes ☐ No	
If yes, please describe your exercise routine:	
Yes, I walk for 30 minutes five times a week.	

4. How would you describe your diet?
Balanced
Additional Information
1. Are you currently pregnant or breastfeeding? ☐ Yes ☑ No
If yes, please provide details:
2. Is there anything else you think we should know about your health or medical history?
No
Consent and Privacy
I authorize the healthcare provider to use my information for the purpose of providing healthcare services.
Signature: **Jane Doe**
Date: March 13, 2024