Medical Health Questionnaire

Patient Information	
Full Name:	Jane Doe
Date of Birth:	05/15/1980
Age:	42
Address:	123 Health Street, Cityville
Phone Number:	555-555-5555
Emergency Contact:	John Doe
Relationship:	Spouse
Emergency Contact Phone:	555-555-5556

Medical History

1. Current Medications

Medication Name:	Dosage:	Frequency:
Lisinopril 10mg	1 tablet daily	Once daily
Aspirin 81mg	1 tablet daily	Once daily

2. Allergies:

Allergy: Penicillin	Reaction: Rash
Allergy: Shellfish	Reaction: Difficulty breathing
Allergy:	Reaction:

3. Chronic Conditions:

Hypertension, diagnosed in 2010

Type 2 Diabetes, diagnosed since 2015

4. Family Medical History

Father:	Hypertension
Mother:	Type 2 Diabetes
Sibling:	None

Lifestyle Habits
1. Smoking
Current Smoker: No
Pack Years (if applicable): N/A
2. Alcohol Consumption
Average Drinks per Week: 2-3
Type of Alcohol: Wine
3. Exercise Routine
Type of Exercise: Walking
Frequency: 3 times a week

Emergency Contact Information	
Primary Emergency Contact:	Phone:
Jone Doe	555-555-5556
Healthcare Proxy/Power of Attorney:	Phone:
N/A	N/A
Parent/Legal Guardian (if applicable):	Phone:
N/A	N/A

Additional Information
The patient reports occasional headaches and requests advice on managing stress.

Declaration

I acknowledge that the information in this questionnaire is accurate and complete to the best of my knowledge.

Patient Signature:

Name: Jane Doe

Date: 01/20/2024

Medical Provider's Notes

The patient has stable blood pressure and blood sugar levels.

Advised patient on stress management techniques and recommended regular exercise.

No acute concerns were noted during the consultation.

Next Steps

Schedule a follow-up appointment in three months.

Recommend a stress management workshop or resources.

Follow-up Date

04/20/2024

Provider's Signature

Name: Dr. Harold Smith