

Please complete this questionnaire to enhance your visit.

University of Florida College of Medicine-Jacksonville

ENDOCRINOLOGY, DIABETES AND METABOLISM CLINIC

Joe Chehade, M.D., Emad Naem, M.D., Mae Sheikh-Ali, M.D., Kent Wehmeier, M.D.

4555 Emerson Street, Suite 200

Jacksonville FL 32207 Telephone (904) 383-1004. Fax (904) 633-0022.

HEALTH HISTORY QUESTIONNAIRE

Date of your appointment:
Name:
Date of birth:
Referring Doctor: Address: Telephone number:

What specific questions do you have?

Other pieces of information you think are important?

I. Diseases or conditions you have now or in the past? Please include any broken bones and transfusions. (Use additional sheets as needed.)

Condition	Date	Treatment(s)	Hospital

UF ENDOCRINOLOGY, DIABETES AND METABOLISM AT EMERSON

Please complete this questionnaire to enhance your visit.

II. Please list all hospitalizations and surgeries

Surgery	Date	Problems afterward?	Hospital

III. Please list all medications that are prescribed, including injections, herbal medicine, supplements and vitamins you take.

Medications	How many times a day?	How many units or milligrams?	Reason

IV. Please list medicines or dyes AND the reactions you have to them.

V. PERSONAL HISTORY (Please circle or fill in the best answer.)

Do you smoke cigarettes, pipe or cigars? Yes / No How many in one day?

Do you drink any wine, beer or spirits? Yes / No How many at one time?

What kind of work do you do now or in the past?

What exercise do you get regularly? How many minutes a week?

UF ENDOCRINOLOGY, DIABETES AND METABOLISM AT EMERSON

Please complete this questionnaire to enhance your visit.

FAMILY HISTORY	No	Yes	WHO IN THE FAMILY?
Diabetes			
High blood pressure			
High cholesterol			
Heart attack			
Cancer			
Thyroid/Goiter			
Osteoporosis/Bone problems			
Kidney stones			
Calcium problems			
Other illnesses			

VII. SYMPTOMS: Circle any and all symptoms you have presently.

Weight loss, Weight gain. Fever, Chills, Night sweats.

Low energy level, Difficulty sleeping, Loss of hearing

Blurry vision, Vision loss, Dry eyes, Tunnel vision, Double vision

Chest pain, Leg swelling. Heart pounding, Heart murmur

Shortness of breath, Coughing, Wheezing .

Change in voice, Difficulty swallowing, Lump in neck

Nausea, Vomiting, Heartburn, Diarrhea, Constipation, Abdominal pain.

Headaches, Memory change. Numbness, tingling or burning sensation.

Muscles aches, Muscle cramps, Muscle weakness, Poor balance

Joints aches. Swollen joints, Changes in nails, Shaking tremors

Depression, Easy irritability Nervousness. Nightmares

Heat or cold intolerance. Goiter, Feeling thirsty Feeling hungry

Trouble passing urine, Blood in urine Urinating at night

Abnormal hair growth, Abnormal hair loss

Rashes, Easy bruising. Swollen lymph glands, Height Loss

For women

How old when starting menstrual cycles?

Was there ever a time they stopped for > 12 months? Yes / No

Have they stopped? Yes /No. How old were you at the time?_____