

Cary HealthCare Associates, P.A.
ADULT HEALTH QUESTIONNAIRE
CONFIDENTIAL

Date: _____

Name: _____

Birthdate: _____

Marital Status: _____

Occupation: _____

Number of Children: _____

Please answer the following questions so that we may better assess and take care of your health
YOUR CURRENT HEALTH

Please list your current medical conditions for which you need to see a healthcare provider or take medications on a regular basis

ILLNESS/CONDITION	MEDICATIONS	DOSE/FREQUENCY
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DRUG ALLERGIES: _____

OTHER ALLERGIES: _____

FOR WOMEN ONLY: First day of your last menstrual period _____

Method of birth control _____ Number of pregnancies _____

Did you have diabetes with any of your pregnancies? YES NO

HEALTH MAINTENANCE

When did you last have the following?

Cholesterol Test: _____ Results: _____

Tetanus Shot: _____

WOMEN ONLY:

Last Pap Smear: _____
Have you ever had an abnormal pap smear? YES NO

Last mammogram (women over 40 years): _____

Last breast examination by healthcare provider: _____

MEN ONLY: (over 40)

Rectal exam: _____

PATIENTS OVER 65 YEARS:

Flu Shot: _____

Pneumovax Shot: _____