general physician pc
primary care
dunkirk

3898 Vineyard Drive, Suite 1
Dunkirk, NY 14048

Phone: 716.363.6960
Fax: 716.203.7386

gppconline.com

HEALTH HISTORY QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential
and will become part of your medical record.

Name *(Last, First, M.I.)*:		☐ M ☐ F	**DOB:**
Marital status: ☐ Single ☐ Partnered ☐ Married ☐ Separated ☐ Divorced ☐ Widowed			
Primary language:		**Social Security #:**	
Address:	**State**:	**ZIP:**	**City:**
		Home Phone:	
Email:		**Cell Phone:**	
Current Employer ***(Name, Location)*:**			
Position:		Do you have an open Workers Compensation case? ☐ **Yes** ☐ **No**	
Do you have a work related disability? ☐ Yes ☐ No		Do you have an open Motor vehicle Case? ☐ **Yes** ☐ **No**	

PERSONAL HEALTH HISTORY

Have you been treated for any of the following conditions:

☐ Acid Reflux	☐ Breathing Problems	☐ Heart Disease	☐ Allergies	☐ Anemia	☐ Fatigue	☐ Dizziness
☐ Cancer	☐ Difficulty Walking	☐ Joint pain/Joint disease	☐ Hypertension	☐ Stroke	☐ HIV	☐ Diabetes
☐ Depression	☐ Bleeding Tendencies	☐ Headaches (frequent)	☐ Stress Anxiety	☐ Back Pain	☐ Arthritis/Gout	

Have you had any of the following procedures :

☐ Eye Exam	☐ Colonoscopy	☐ Blood Sugar
☐ Mammogram	☐ EKG	☐ Cholesterol (lipids)
☐ Hearing Evaluation	☐ Cardiac Stress Test	☐ Pulmonary Function Test
☐ G. I. Series	☐ Angiogram	☐ Other

List any medical problems that other doctors have diagnosed

Surgeries

Year	Reason	Hospital

Other hospitalizations

Year	Reason	Hospital

Please turn to next page

3898 Vineyard Drive, Suite 1
Dunkirk, NY 14048

Phone: 716.363.6960
Fax: 716.203.7386

gppconline.com

MEDICATIONS

List your prescribed drugs and over-the-counter drugs, such as vitamins and inhalers

Name the Drug	Strength	Frequency Taken

Allergies to medications

Name the Drug	Reaction You Had

Pharmacy:

Mail order or secondary Pharmacy:

SOCIAL HISTORY

ALL QUESTIONS CONTAINED IN THIS QUESTIONNAIRE ARE OPTIONAL AND WILL BE KEPT STRICTLY CONFIDENTIAL.

Alcohol Use:	☐ Never	☐ Rarely	☐ Moderate	☐ Daily
Tobacco Use:	☐ Never	☐ Rarely	☐ Moderate	☐ Daily
Caffeine Use:	☐ Never	☐ Rarely	☐ Moderate	☐ Daily
Drug use:	☐ Never	☐ Rarely	☐ Moderate	☐ Daily

FAMILY HEALTH HISTORY

	AGE	SIGNIFICANT HEALTH PROBLEMS		AGE	SIGNIFICANT HEALTH PROBLEMS
Father			**Children**	☐ M ☐ F	
Mother				☐ M ☐ F	
Sibling	☐ M ☐ F			☐ M ☐ F	
	☐ M ☐ F			☐ M ☐ F	
	☐ M ☐ F		**Grandmother** *Maternal*		
	☐ M ☐ F		**Grandfather** *Maternal*		
	☐ M ☐ F		**Grandmother** *Paternal*		
	☐ M ☐ F		**Grandfather** *Paternal*		

Please turn to next page

general physician pc
primary care
dunkirk

3898 Vineyard Drive, Suite 1
Dunkirk, NY 14048

Phone: 716.363.6960
Fax: 716.203.7386

gppconline.com

INSURANCE

Primary Insurance Company Name:	☐ Private	☐ State	☐ Employer	☐ Spouse/Parent
Plan Name:	Effective Date:			
Subscriber ID:	Group Number:			
Primary Subscriber Name:	Subscriber DoB:			
Secondary Insurance Company Name:	☐ Private	☐ State	☐ Employer	☐ Spouse/Parent
Plan Name:	Effective Date:			
Subscriber ID:	Group Number:			
Primary Subscriber Name:	Subscriber DoB:			

MEDICAL HISTORY

Please list the names of physicians that you have seen prior to joining GPPC:

Please note any other comments you have regarding your health:

Patient Signature: ______________________________ Date:______________________

Parent or Guardian Signature: ______________________________ Date:______________________