

Important Health Questionnaire

Your doctor would like you to fill in the following health questionnaire. These answers may be very important in helping you achieve good health. Please fill in the entire questionnaire and return to one of the doctor's staff as soon as you are done.

Your name _____ Date _____

Best phone number and time to reach you with an evaluation of your questionnaire:

Area code _____ Phone number _____ Best time to call _____

If you are filling in this questionnaire for your child, please write his or her name and age here.

Name _____ Age _____ Has this child seen this doctor before? **YES NO**

Check the box if you have ever suffered from these symptoms:

- | | |
|---|--|
| <input type="checkbox"/> Irritability | <input type="checkbox"/> Diminished touch sensation |
| <input type="checkbox"/> Anxiety/nervousness | <input type="checkbox"/> Numbness and tingling of hands, feet, fingers, toes or lips |
| <input type="checkbox"/> Difficulty breathing when anxious | <input type="checkbox"/> Aversion to touch |
| <input type="checkbox"/> Restlessness | <input type="checkbox"/> Muscle weakness |
| <input type="checkbox"/> Exaggerated response to stimulation | <input type="checkbox"/> Loss of coordination |
| <input type="checkbox"/> Fearfulness | <input type="checkbox"/> Tremors/trembling of hands, feet, lips, eyelids or tongue |
| <input type="checkbox"/> Emotional instability | <input type="checkbox"/> Burning sensation of lips, face |
| <input type="checkbox"/> Lack of self-control | <input type="checkbox"/> Burning in throat |
| <input type="checkbox"/> Fits of anger with violent, irrational conduct | <input type="checkbox"/> Inflammation of lining of the mouth |
| <input type="checkbox"/> Loss of self-confidence | <input type="checkbox"/> Ulcers in mouth or on tongue |
| <input type="checkbox"/> Constant death wish | <input type="checkbox"/> Twitching or jerking of muscles |
| <input type="checkbox"/> Shyness or timidity | <input type="checkbox"/> Difficulty walking |
| <input type="checkbox"/> Being easily embarrassed | <input type="checkbox"/> Difficulty talking |
| <input type="checkbox"/> Loss of memory | <input type="checkbox"/> Difficulty swallowing |
| <input type="checkbox"/> Inability to concentrate | <input type="checkbox"/> Loss of balance |
| <input type="checkbox"/> Difficulty making decisions | <input type="checkbox"/> Food sensitivity to eggs or milk |
| <input type="checkbox"/> Lethargy/drowsiness | <input type="checkbox"/> General food sensitivities |
| <input type="checkbox"/> Withdrawal | <input type="checkbox"/> Bloating feeling most of the time |
| <input type="checkbox"/> Hallucinations | <input type="checkbox"/> Abdominal cramps |
| <input type="checkbox"/> Mood swings | <input type="checkbox"/> Stomach problems |
| <input type="checkbox"/> Mental depression/ despondency | <input type="checkbox"/> Frequent or recurring heartburn |
| <input type="checkbox"/> Rocking movements | |
| <input type="checkbox"/> Frequent leg cramps | |

For office use only:

- Frequent urination during the night
- Chronic diarrhea or constipation
- Low blood pressure
- High blood pressure
- Increased heart rate
- Menstrual pains
- Disturbances in menstrual cycle
- Bleeding gums
- Bone loss around teeth
- Loosening of teeth
- Excessive salivation
- Foul breath
- Metallic taste
- Ringing in ears
- Hearing loss
- Hearing difficulties
- Blurred vision
- Sensitivity to light
- Chronic headaches
- Allergies
- Skin rashes

Please continue this questionnaire on the back of this page

- | | | |
|--|---|--|
| <input type="checkbox"/> Hair loss | <input type="checkbox"/> Constant or frequent pain in joints | <input type="checkbox"/> Loss of appetite |
| <input type="checkbox"/> Excessive itching | <input type="checkbox"/> Unexplained numbness or burning sensations | <input type="checkbox"/> Loss of weight |
| <input type="checkbox"/> Skin irritation | <input type="checkbox"/> General fatigue | <input type="checkbox"/> Low blood sugar |
| <input type="checkbox"/> Low body temperature | <input type="checkbox"/> Nausea | <input type="checkbox"/> Speech disorders |
| <input type="checkbox"/> Cold, clammy skin especially hands and feet | <input type="checkbox"/> Poor performance with timed tests | <input type="checkbox"/> Slurred speech |
| <input type="checkbox"/> Excessive perspiration with frequent night sweats | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Unintelligible speech |
| <input type="checkbox"/> Anorexia | | <input type="checkbox"/> Slow reaction time |

Do you smoke or have you smoked? YES NO

Have you received vaccinations? YES NO

Please check below if you are employed in any of these occupations, or if you are involved in similar activities as hobbies.

- | | | |
|--|---|---|
| <input type="checkbox"/> Agricultural Product Handlers | <input type="checkbox"/> Asbestos Abatement Technicians | <input type="checkbox"/> Auto Mechanics |
| <input type="checkbox"/> Battery Manufacturers | <input type="checkbox"/> Battery Recyclers | <input type="checkbox"/> Canning Plant Workers |
| <input type="checkbox"/> Carpenters | <input type="checkbox"/> Ceramic Manufacturers | <input type="checkbox"/> Construction Laborers |
| <input type="checkbox"/> Construction Workers | <input type="checkbox"/> Cosmetic Manufacturers | <input type="checkbox"/> Cosmetologists |
| <input type="checkbox"/> Dental Assistants | <input type="checkbox"/> Dental Lab Workers | <input type="checkbox"/> Dentists |
| <input type="checkbox"/> Diesel Equipment Mechanics | <input type="checkbox"/> Dynamite Manufacturers | <input type="checkbox"/> Dynamiters |
| <input type="checkbox"/> Electronic Assembly Workers | <input type="checkbox"/> Electronic Component Manuf. | <input type="checkbox"/> Electroplaters |
| <input type="checkbox"/> Engravers | <input type="checkbox"/> Explosives Experts | <input type="checkbox"/> Fertilizer Manufacturers |
| <input type="checkbox"/> Fiberglass Installers | <input type="checkbox"/> Fiberglass Manufacturing Workers | <input type="checkbox"/> Firemen |
| <input type="checkbox"/> Firing Range Operators | <input type="checkbox"/> Fishermen | <input type="checkbox"/> Fluorescent Tube Manufacturers |
| <input type="checkbox"/> Foundry Workers | <input type="checkbox"/> Glass Manufacturing Workers | <input type="checkbox"/> Glassblowers |
| <input type="checkbox"/> Grinder Operators | <input type="checkbox"/> Hairdressers | <input type="checkbox"/> Hazardous Material Workers |
| <input type="checkbox"/> Ink Manufacturers | <input type="checkbox"/> Jewelers | <input type="checkbox"/> Laboratory Workers |
| <input type="checkbox"/> Landfill Workers | <input type="checkbox"/> Landscapers | <input type="checkbox"/> Lumber Processors |
| <input type="checkbox"/> Lumber Yard Workers | <input type="checkbox"/> Metal Recyclers | <input type="checkbox"/> Metal Sculptors |
| <input type="checkbox"/> Miners | <input type="checkbox"/> Nail Technicians | <input type="checkbox"/> Paint Manufacturers |
| <input type="checkbox"/> Painters - Residential/Commercial | <input type="checkbox"/> Painters – Fine art | <input type="checkbox"/> Pharmaceutical Workers |
| <input type="checkbox"/> Plastic Product Manufacturers | <input type="checkbox"/> Plumbers | <input type="checkbox"/> Plumbing Supply Manufacturers |
| <input type="checkbox"/> Policemen | <input type="checkbox"/> Potters | <input type="checkbox"/> Preservative Manufacturers |
| <input type="checkbox"/> Printers | <input type="checkbox"/> Search & Rescue Workers | <input type="checkbox"/> Ship Repairers |
| <input type="checkbox"/> Shooting Instructors | <input type="checkbox"/> Smelting Plant Workers | <input type="checkbox"/> Solderers |
| <input type="checkbox"/> Tanners | <input type="checkbox"/> Tattoo Artists | <input type="checkbox"/> Truck Mechanics |
| <input type="checkbox"/> Waste Handlers | <input type="checkbox"/> Welders | <input type="checkbox"/> Well Diggers |

Thank you for filling in this questionnaire. This information may give your doctor vital information that he can use to help you improve your health. Please return this questionnaire to one of the doctor's staff.