PRINT

Spectrum Care & Wellness

255 E. Orange Grove Ave Suite A, Burbank, CA 91502 | Phone: 818.848.3333 | Fax: 818.848.3337

Catherine Chern, MD | Christine Szeto, MD

Health Questionnaire

Name:_____ DOB:_____ Date: _____

Marital Status:_____ Occupation:_____ Referred by: _____

PAST MEDICAL HISTORY/CHRONIC ILLNESSES:

_____

_____

_____

_____

PAST SURGICAL HISTORY:

_____

_____

_____

_____

MEDICATIONS: [Please list the name, dose, and directions of the medicine(s)]

_____ _____

_____ _____

_____ _____

_____ _____

DRUG ALLERGIES:

_____ _____

SOCIAL HISTORY:

Have you ever smoked? ☐YES ☐NO Are you still smoking? ☐YES ☐NO Amount smoked: _____

How much alcohol do you drink?_____ Recreational drugs: _____

Number of Children:_____ Current birth control method: _____

FOR WOMEN ONLY: Date of last period:_____ Number of pregnancies: _____

FAMILY HISTORY:

Mother: ☐ ALIVE ☐ DECEASED MEDICAL CONDITIONS: _____

Father: ☐ ALIVE ☐ DECEASED MEDICAL CONDITIONS: _____

Siblings: MEDICAL CONDITIONS: _____

Other relatives: MEDICAL CONDITIONS: _____