

College Park Family Practice

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Personal Profile Questionnaire

Patient name: _____ Age: _____ Date: _____

1. How did you find out about our practice? _____

2. Family information:

	Name	Age
Mother:		
Father:		
Spouse:		
Siblings:		

	Name	Age
Kids:		

3. Allergies: _____

4. Current medications: _____

5. Date of last tetanus shot: _____

6. Habits:

Cigarettes	_____ packs/day
Cigars/pipe	_____ per day
Drugs	_____
Coffee	_____ cups/day
Alcohol	_____ drinks/week
Exercise	_____ times/week
Seat belts	_____ % of time

7. Surgeries:

Date	Reason

8. Recent hospitalizations:

Date	Reason

9. Circle the problem that runs in your family, and give the relation of your family member:

	Relation		Relation
Diabetes		Headaches	
Tuberculosis		Mental illness	
Heart disease		Seizures	
High blood pressure		Joint pain	
Stroke		Thyroid problems	
Kidney disease		Bleeding problems	
Liver disease		Gout	
Cancer		Back problems	
Arthritis		Muscle problems	
Anemia		Varicose veins	
Heat/cold intolerance		Tremors/shakes	
Leg ulcers		Memory problems	
Thrombophlebitis		Depression	
Fainting		Easy bruising	

10. Personal health history -- Circle any problems you have:

Unusual weight loss	Sinus infections	Palpitations	Kidney stones
Weakness/fatigue	Nosebleeds	Blood transfusions	Venereal diseases
Unexplained rashes	Bleeding gums	Chest pain	Hernias
Hair/nail changes	Frequent sore throat	Rheumatic fever	Frequent urination
Severe headaches	Hoarseness	Swallowing problems	Hay fever
Head injury	Lumps in neck	Heartburn	Lumps in testicles
Contacts/glasses	Goiter	Bowel problems	Discharge from penis
Cataracts	Breast lumps	Blood in stool	Painful periods
Glaucoma	Chronic cough	Black stools	Abnormal bleeding
Other eye problems	Bloody sputum	Diverticulosis	Last period:
Hearing problems	Wheezing/asthma	Hemorrhoids	Last Pap smear:
Ringling in ears	Tuberculosis	Liver problems	Number of pregnancies:
Dizziness	Other breathing problems	Gall bladder problems	Number of children:
Frequent earaches	Heart trouble/murmurs	Hepatitis	Birth control method:
Frequent colds	High blood pressure	Constipation/diarrhea	Abortions:

Please explain:

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