

New Patient - Health History Questionnaire

PASSER RESORATIVE THERAPIES

Jeffrey Passer, MD | Daniel Gross, MD | Tina Ridgway, APRN 10170 Nicholas St., Omaha, NE 68114 | 402-933-5958

Name: _____ Date of Birth: _____ Today's Date: _____

Social History (Circle One)

Marital Status: Single Married Domestic Partner Divorced Separated Widowed
Children: Number of Children _____
Education-Occupation: Highest Level of Education: GED Graduated High School Some College Graduated College Trade School
Military Service: Yes No Branch? _____ How long? _____
Present Employment Status: Full Time Part Time Retired Disability
Current Employer: _____ Occupation: _____ How long? _____
Do you have physical work restrictions? Yes No If yes, what are they? _____
Exercise: None Daily Weekly ____ X per week Type? _____
Hobbies: _____
Alcohol Use: Do you use alcohol? None Yes, ____ # of drinks per.....day week month
Do you have a history of alcoholism, drug abuse, or addiction? Yes No
Do you use recreational drugs? Yes No If yes, please list: _____
Tobacco Use: No, Never
Yes How much? __Pack __Can __Cigar __per day for __ years
Former Use Stopped on: _____ How much did you use? __Pack __Can __Cigar __per day for __ years
Caffeine Use: None Minimal Moderate Heavy
Incarceration: Any history of incarceration? Yes No
Religious Preference: _____
Diet: No Specific Diabetic Low Fat Low Salt Vegetarian Weight Reduction Other: _____

Are you currently sexually active? Yes No
Are you currently taking birth control? Yes No N/A
Are you currently pregnant or believe that you may become pregnant? Yes No N/A

Family History

- Unknown
- I have no family history of heart disease, cancer or other serious illness.
- Heart Disease Who and what kind? _____
- Cancer Who and what kind? _____
- Other: _____

Surgical: Previous Surgeries/Procedures

- None
- Appendectomy
- Biopsy of _____ Right Left Benign Malignant
- Cardiac Surgery: _____
- Carpal Tunnel: Right Left Bilateral
- Cataract: Right Left Bilateral
- Gallbladder
- Hip Replacement: Right Left Bilateral
- Hysterectomy: Uterus Only Uterus and Ovaries
- Knee Replacement: Right Left Bilateral
- Mastectomy: Right Left Bilateral
- Prostatectomy
- Radiation Therapy: _____
- Thyroidectomy
- Tonsillectomy
- Colonoscopy Last one? _____
- Mammogram Last one? _____
- Other: _____