Milford Regional Physician Group
Milford Endocrinology

SAMIR KAILANI, MD

Health History Questionnaire

Name: _____

D.O.B: _____

Past Medical History (please check all that apply):

() Alcoholism
() Anemia
() Anesthesia Complications
() Arthritis
() Anxiety/Panic
() Birth Defects
() Blood Pressure
() Blood Transfusion
() Cancer
() Cholesterol
() Depression
() Diabetes
() Growth / Development
() Gastrointestinal Problems
() Heart Problems
() HIV/AIDS
() Liver Problems
() Lung Problems
() Kidney Problems
() Osteoporosis
() Osteoporosis/Osteopenia
() Seizure
() Stroke
() Severe Allergies
() Thyroid Problems
() No Medical Problems
() Other: _____

Past Surgical History (please check all that apply):

() Appendectomy
() Amputation
() Back Surgery
() Cardiac, Bypass
() Cardiac, Valve
() Cardiac, Defibrillator
() Cardiac, Pacemaker
() Carotid Endarterectomy
() Cataract
() Cholecystectomy
() Colon Resection
() Lung Resection
() Gastric Bypass
() Gastric Lap-Band
() Hemorrhoidectomy
() Hernia Repair
() Hip Replacement
() Hysterectomy
() Knee Replacement
() Knee Arthroscopy
() Kyphoplasty
() Mastectomy
() Parathyroidectomy
() Prostate Surgery
() Rotator Cuff Repair
() Tonsillectomy
() Thyroidectomy
() No Surgeries
() Other: _____

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Family History (please check all that apply):

() Alcoholism
() Asthma
() Blood Clots
() Cancer
() Depression
() Diabetes
() Heart Disease
() Hypertension
() High Cholesterol
() Osteoporosis
() Thyroid Conditions
() No Significant Family History
() Other:
_____
_____

Social History:

Smoking: () Currently Smokes () Former Smoker - Year Quit: _____
() Never Smoked

Passive smoke exposure: () Yes () No

Alcohol Use: () Yes () No Drug Use: () Yes () No HIV High Risk: () Yes () No

Regular Exercise: () Yes () No

Marital Status: _____ Living Arrangements: _____

History of Domestic Abuse: () Yes () No

Religious Beliefs Affecting Care: _____

Review of Systems (please check all that apply):

General: () Fever () Chills () Sweats () Loss of Appetite () Weight Loss () Malaise () Fatigue

Eyes: () Vision Loss () Double Vision () Eye Irritation () Blurring () Pain () Discharge () Halos
() Light Sensitivity

ENT: () Ringing in Ears () Ear Discharge () Earache () Decreased Hearing () Nasal Congestion
() Nosebleed () Difficulty Swallowing () Hoarseness () Sore Throat

CV: () Difficulty Breathing at Night () Near Fainting/Fainting () Chest Pain () Chest Discomfort/Pressure
() Racing/Skipping Heart Beats () Fatigue () Shortness of Breath with Exertion () Palpitation
() Swelling Hands/Feet () Difficulty Breathing while Lying Down () Leg Cramps with Exertion

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Resp: () Sleep Disturbance due to Breathing () Cough () Shortness of Breath () Coughing up Blood
() Wheezing () Excessive Sputum () Excessive Snoring

GI: () Excessive Appetite () Loss of Appetite () Indigestion () Vomiting Blood () Nausea () Vomiting
() Yellowish Skin/Eyes () Gas () Abdominal Pain () Abdominal Bloating () Hemorrhoids () Diarrhea
() Constipation () Change in Bowel Habits () Dark or Tarry Stools () Bloody Stools

GU: () Dysuria (Painful urination) () Hematuria (Bloody Urine) () Discharge
() Frequency (Excessive Frequent Urination) () Nocturia (Excess Night Urine)
() Hesitancy (Difficulty starting urination, inability to empty, need to empty with urgency)
() Incontinence (loss of urine control) () Genital Sores () Decreased Libido () Erectile Dysfunction
() Excessive Heavy Periods () Missed Periods

MS: () Muscle Cramps () Joint Pain () Joint Swelling () Back Pain () Stiffness () Muscle Weakness
() Arthritis () Gout () Loss of Strength () Muscle Aches () Restless Leg

Derm: () Excessive Sweating () Suspicious Lesions () Dryness () Poor Healing () Unusual Hair Distribution
() Skin Cancer () Itching () Flushing () Rash () Changes in Skin Color

Neuro: () Difficulty with Concentration () Poor Balance () Headaches () Numbness () Tingling
() Inability to Speak () Brief Paralysis () Visual Disturbances () Seizures () Weakness
() Spinning Sensation/Vertigo () Tremors () Fainting () Excessive Daytime Sleeping () Memory Loss

Psych: () Anxiety () Suicide Thoughts () Depression () Thoughts of Violence
() Frightening Visions or Sounds (Hallucinations)

Endo: () Excessive Hunger () Cold Intolerance () Heat Intolerance () Excessive Urination
() Excessive Thirst () Unusual Weight Change

Heme: () Enlarged Lymph Nodes () Abnormal Bleeding () Skin Discoloration () Easy Bruising
() Persistent Fever

Allergy: () Persistent Infections () Hives () Rash () Seasonal Allergies