Intensive Health
a stepworks company

Health History Questionnaire

Patient Name: _____ Date of Birth: _____ / _____ / _____

Date: _____ / _____ / _____

Reason for Visit: _____

_____

_____

Preferred Pronouns: ☐ she/her ☐ he/him ☐ they/them ☐ other: _____

Medical History:

☐ heart disease
☐ lung disease
☐ infections (hepatitis, endocarditis, etc.)
☐ heart attack
☐ thyroid disease
☐ genetic disease
☐ blood disease, clotting
☐ stroke
☐ diabetes
☐ neurological problems
☐ stomach problems
☐ seizures
☐ kidney disease
☐ bone or joint problems
☐ ectopic pregnancies
☐ cirrhosis
☐ other: _____

_____

Surgical History: _____

_____

Allergies: _____

_____

Mental Health History: ☐ depression ☐ anxiety ☐ bipolar ☐ schizophrenia ☐ personality disorder

other: _____

Family Medical History: ☐ heart disease ☐ diabetes ☐ cancer ☐ substance use ☐ mental health

Preventative Care History:

☐ flu vaccine	Date: _____ / _____ / _____	☐ PAP smear	Date: _____ / _____ / _____
☐ COVID vaccine	Date: _____ / _____ / _____	☐ prostate exam	Date: _____ / _____ / _____
☐ hepatitis B vaccine	Date: _____ / _____ / _____	☐ STD testing	Date: _____ / _____ / _____
☐ physical exam	Date: _____ / _____ / _____	☐ HIV test	Date: _____ / _____ / _____
☐ colonoscopy	Date: _____ / _____ / _____	☐ hepatitis C test	Date: _____ / _____ / _____
☐ TB skin test	Date: _____ / _____ / _____	☐ hepatitis B test	Date: _____ / _____ / _____
☐ mammogram	Date: _____ / _____ / _____		

List of Other Current Healthcare Providers: _____

_____

Substance Use History: _____

_____

In the past two years, I have used:

☐ heroin or other opioid
☐ cocaine
☐ alcohol
☐ methamphetamine
☐ marijuana
☐ benzodiazepines or sedatives
☐ hallucinogens (LSD, mushrooms, PCP, ecstasy)
☐ other: _____

_____

I have used drugs:

☐ IV ☐ oral ☐ smoking ☐ nasal ☐ other: _____

Treatment History:

☐ counselor (☐ in the past ☐ currently)
☐ case manager (☐ in the past ☐ currently)
☐ IOP
☐ attend support group meetings (☐ in the past ☐ currently)
☐ live in sober living (☐ in the past ☐ currently)

Legal History:

☐ legal issues (☐ in the past ☐ currently)
☐ CPS case (☐ in the past ☐ currently)
☐ incarcerated due to substance use (☐ in the past ☐ currently)
☐ probation/parole
☐ other: _____

Social History:

- ☐ in a relationship
- ☐ children (☐ in the home ☐ not in the home)
- ☐ homeless in the past two years
- ☐ experienced trauma/abuse
- ☐ high school diploma
- ☐ difficulty reading
- ☐ employed (☐ full-time ☐ part-time)
- ☐ tobacco use
  - ☐ cigarettes ☐ vape ☐ chew ☐ snuff

Do you have trouble accessing... ☐ food ☐ housing ☐ transportation ☐ clothes ☐ employment

Patient Name: _____

Signature: _____

Date: _____ / _____ / _____