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**HEALTH QUESTIONNAIRE**

**Name: Date:**

Please give us as much information as you can about your prior medical history. If possible, give dates, medication doses, names and phone numbers of treating doctors.

How would you characterize your health, in general, in the past:

**Excellent Good Average Poor Awful**

How would you characterize your health, right now:

**Excellent Good Average Poor Awful**

Do you have any allergies (drugs, food and/or seasonal)?

Do you have any serious or chronic medical conditions?

Have you had any serious medical conditions in the past?

Have you been hospitalized, or had any operations or surgical procedures?

List the medications you are taking right now (if possible include strength and dosage):

List the medicines you have taken in the past:

Please list your current physicians, including family doctor, and specialists:

Which doctor (s) should receive a copy of our report?

Past or present use of: (please include amount and frequency)

Tobacco:

Drugs:

Please indicate if you have any of these problems:

□ Skin conditions □ Frequent urinary infections

□ Frequent Headaches □ Frequent urination

☐ Migraines □ Incontinence

□ Past head injury □ Kidney stones

□ Loss of consciousness □ Gynecological problems

□ Dizziness/Vertigo ☐ Menopause

☐ Glasses/contact lenses □ Hormone Replacement Therapy

☐ Blurry Vision □ Muscle weakness

□ Double Vision □ Joint pain

□ Cataracts □ Back pain

□ Glaucoma □ Arthritis

☐ Hearing loss ☐ Memory Loss

□ Ringing in the ears □ Stroke

☐ Nose bleeds □ Seizures

□ Frequent sinusitis ☐ Poor coordination

☐ Seasonal Allergies □ Motor tics

□ Sore throat ☐ Numbness/Tingling

□ Respiratory problems □ Hyperthyroid

□ Shortness of breath □ Hypothyroid

□ Asthma □ Diabetes mellitus

□ Frequent cough ☐ Heat/cold intolerance

□ Chest pain ☐ Weight gain/loss

□ Cardiac problems □ Changes to hair

□ Heart murmur □ Fatigue

□ Heart attack □ Anemia

□ High cholesterol □ Bruise easily

□ High blood pressure □ Past blood transfusions

□ Abdominal pain □ Blood disorder

□ Heartburn/reflux □ Other:

□ Ulcers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Nausea/vomiting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Diarrhea/constipation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Gallstones

□ Liver problems

□ Hernias

What are your most troublesome problems at this time?

Please indicate if any biologically related family member suffers from or has history of any of these medical problems:

☐ High blood pressure □ Arthritis

☐ Cardiac problems □ Lupus

☐ Heart attack ☐ Cancer

□ Respiratory problems □ Seizures

□ Asthma □ Stroke

□ Diabetes mellitus ☐ Migraines

□ Hyperthyroidism ☐ Dementia

□ Hypothyroidism ☐ Alzheimer's disease

□ Liver problems □ Parkinson's disease

□ Kidney problems □ Multiple Sclerosis

Please indicate if any biologically related family member suffers from or has history of any of these neuropsychiatric problems:

☐ Depression □ Suicide attempts

□ Bipolar Disorder □ Psychiatric hospitalization

□ Anxiety □ Anger problems

□ ADD/ADHD ☐ Daily Alcohol use

☐ Obsessive Compulsive Disorder □ Drug Abuse

□ Schizophrenia □ Autism/Asperger's

□ Psychosis or hallucinations □ Mental Retardation

□ Tourette's Syndrome ☐ Learning Disability

Other important family information that we ought to know:

Thanks for giving us this information. It will be treated with the utmost discretion. We do, however, routinely communicate relevant information with other treating health professionals and with family members when appropriate.

It is a privilege for us to serve you at Kenneth J. Miller, M.D., and we appreciate your confidence. Our website is www.kjmpsychmd.com. Our office phone number is 757-224-6327

Please contact the office through Office@kjmpsychmd.com.

After hours and on weekends our numbers are on the voice messaging system. You may leave a message on the confidential voice mail or call the emergency number on the message if you are calling regarding an urgent matter. You may also email us through our website, but please note\*\* this email is not confidential or secure so if you wish to email please keep your message short and to the point. Please let us know if you have any trouble contacting us with these methods.