## Psychotherapy & Pastoral Counseling Associates MEDICAL INFORMATION QUESTIONNAIRE

Primary care physician  Name	Other physi Name	cian(s)
Name		
Phone FAX	Phone	FAX
When did you last visit with your doctor?Briefly describe what that was about?		
<u>Current Medications</u> Date of Rx: Physician:		Medication and Dosage:
Medication allergies		
Medication Updates		

Alcohol type? Amount and frequency?	
Tobacco type? Amount and frequency?  Alcohol type? Amount and frequency?  Recreational drugs type? Amount and frequency?  Coffee? Amount and frequency?  Caffinated cola/soda? Amount and frequency?  Have you had any serious illnesses, operations and/or hospitalizations? If yes, please list the type approximate dates  Do you have any of the following symptoms regularly or severely enough to cause you concern?  Yes  Chest pains Shortness of breath Ankle swelling Ankle swelling Rapid or irregular heart beat Diarrhea or constipation Dizziness Sexual concerns  Prequent urination Sexual concerns	
Alcohol type? Amount and frequency?	
Recreational drugs type? Amount and frequency?  Coffee? Amount and frequency?  Caffinated cola/soda? Amount and frequency?  Have you had any serious illnesses, operations and/or hospitalizations? If yes, please list the type approximate dates  Do you have any of the following symptoms regularly or severely enough to cause you concern?  Yes  Chest pains  Chest pains  Shortness of breath  Abdominal pain  Chronic pain  Nausea or vomiting  Rapid or irregular heart beat  Diarrhea or  constipation  Dizziness  Fainting spells  Difficulty concentrating  Frequent urination  Painful urination  Forgetfulness	
Coffee? Amount and frequency?  Caffinated cola/soda? Amount and frequency?  Have you had any serious illnesses, operations and/or hospitalizations? If yes, please list the type approximate dates  Do you have any of the following symptoms regularly or severely enough to cause you concern?  Yes  Chest pains  Chest pains  Abdominal pain  Chronic pain  Ankle swelling  Nausea or vomiting  Rapid or irregular heart beat  Diarrhea or  constipation  Dizziness  Fainting spells  Confusion  Difficulty concentrating  Frequent urination  Painful urination  Forgetfulness  Meadaches  Forgetfulness	
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Have you had any serious illnesses, operations and/or hospitalizations? If yes, please list the type approximate dates  Do you have any of the following symptoms regularly or severely enough to cause you concern?  Yes  Chest pains Shortness of breath Chronic pain Ankle swelling Rapid or irregular heart beat Diarrhea or constipation Dizziness Fainting spells Difficulty concentrating Frequent urination Painful urination Forgetfulness  Headaches	
Do you have any of the following symptoms regularly or severely enough to cause you concern?    Yes	
Yes         Chest pains	pe and
Chest pains Shortness of breath Ankle swelling Rapid or irregular heart beat Dizziness Fainting spells Difficulty concentrating Frequent urination Painful urination Forgetfulness  Abdominal pain Chronic pain Nausea or vomiting Diarrhea or constipation Nervousness Confusion Allergies Sexual concerns Headaches Forgetfulness	
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Ankle swelling Rapid or irregular heart beat Diarrhea or constipation Dizziness Fainting spells Difficulty concentrating Frequent urination Painful urination Forgetfulness  Nausea or vomiting Diarrhea or constipation Constipation Nervousness Confusion Allergies Sexual concerns Headaches Forgetfulness	
Rapid or irregular heart beat  Diarrhea or constipation  Dizziness  Fainting spells  Difficulty concentrating  Frequent urination  Painful urination  Forgetfulness  Diarrhea or constipation  Nervousness  Confusion  Allergies  Sexual concerns  Headaches	
Dizziness Constipation Nervousness Fainting spells Confusion Difficulty concentrating Allergies Frequent urination Sexual concerns Painful urination Headaches Forgetfulness	
Dizziness Fainting spells Confusion Difficulty concentrating Frequent urination Painful urination Forgetfulness  Nervousness Confusion Allergies Sexual concerns Headaches	
Fainting spells  Difficulty concentrating  Frequent urination  Painful urination  Forgetfulness  Confusion  Allergies  Sexual concerns  Headaches	
Difficulty concentrating  Frequent urination  Painful urination  Forgetfulness  Allergies  Sexual concerns  Headaches	
Frequent urination Sexual concerns Painful urination Headaches Forgetfulness	
Painful urination Headaches Forgetfulness	
Forgetfulness	