

**\*PLEASE FILL THIS FORM OUT AND RETURN TO OFFICE PRIOR TO APPOINTMENT\***

**PATIENT HEALTH HISTORY QUESTIONNAIRE  
HORNER FAMILY PRACTICE**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
Emergency contact: \_\_\_\_\_  
Pharmacy: \_\_\_\_\_

DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Phone: \_\_\_\_\_

**MEDICAL HISTORY**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

**SURGICAL HISTORY**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**ALLERGIES TO MEDICATIONS**

NO KNOWN DRUG ALLERGIES

REACTION

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**CURRENT MEDICATIONS**

Name	Strength	Frequency
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____

**CONTINUED ON BACK**

**FAMILY HEALTH HISTORY**

Mother: Living or Deceased Cause of Death \_\_\_\_\_ Age of Death \_\_\_\_\_  
Major Health Diagnoses: \_\_\_\_\_

Father: Living or Deceased Cause of Death \_\_\_\_\_ Age of Death \_\_\_\_\_  
Major Health Diagnoses: \_\_\_\_\_

Siblings:  
Brothers: \_\_\_\_\_ Living or Deceased Cause of Death \_\_\_\_\_ Age of Death \_\_\_\_\_  
Major Health Diagnoses: \_\_\_\_\_

Sisters: \_\_\_\_\_ Living or Deceased Cause of Death \_\_\_\_\_ Age of Death \_\_\_\_\_  
Major Health Diagnoses: \_\_\_\_\_

**SOCIAL HISTORY**

Smoker: Never Smoked: Vape: Chewing tobacco:  
Current or Former Number of years smoked \_\_\_\_\_ Packs per day \_\_\_\_\_ Year quit \_\_\_\_\_

Alcohol:  
Yes or No Daily Frequently Occasionally Rarely Never

**HEALTH MAINTENANCE HISTORY**

Please indicate most recent year:

Mammogram _____	Influenza Vaccine _____
Colonoscopy _____	Tetanus Vaccine _____
Bone Density _____	Shingrix Vaccine _____
Pap Smear _____	Pneumonia Vaccine _____

**INTERESTS/HOBBIES**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_