

Adult Health History Questionnaire

Instructions: Below are some questions we ask all our patients. Your answers will be confidential.

TODAY'S DATE _____

DATE OF BIRTH ____/____/____
Month Day Year

Are you a veteran? YES NO

What is your gender? Male Female Other

What is your Race? _____

Are you Pregnant? YES NO If yes, how many weeks/months? _____

Please answer "yes" or "no" to the following questions. Your answers will be confidential.

1. In the past 6 months, have you used 3 or more drinks containing alcohol on any one day? (if you do not use alcohol check here) YES NO
2. In the past 6 months, have you used prescription medications more often than prescribed or that were not prescribed for you? YES NO
3. In the past 6 months, have you used drugs other than those required for medical reasons? (if you have not used non-medical drugs check here) YES NO