

# ULTRASLIM CENTER OF SOUTHERN COLORADO

## HEALTH HISTORY QUESTIONNAIRE

<b>Name</b> <i>(Last, First, M.I.):</i>	<input type="checkbox"/> M <input type="checkbox"/> F	<b>DOB:</b>
<b>Home Address :</b>	<b>Phone:</b>	
<b>Email:</b>		

### PERSONAL HEALTH HISTORY

List any current medical problems and any treatments being used:

### PREVIOUS HEALTH HISTORY

List any health conditions you have previously had- Be sure to include any cancer, liver problems, or thyroid conditions:

### CHECK ANY CONDITION YOU PREVIOUSLY OR CURRENTLY HAVE HAD

Pneumonia	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Chicken Pox	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Rheumatic Fever	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Diabetes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Polio	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Cancer	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Tuberculosis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Heart Disease	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Whooping Cough	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Thyroid Disease	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Anemia	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Influenza	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Measles	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Pleurisy	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Mumps	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Epilepsy	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Small Pox	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Arthritis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

### HEALTH HABITS

<b>Exercise</b>	<input type="checkbox"/> Sedentary (No exercise)
	<input type="checkbox"/> Mild exercise (i.e., climb stairs, walk 3 blocks, golf)
	<input type="checkbox"/> Occasional vigorous exercise (i.e., work or recreation, less than 4x/week for 30 min.)
	<input type="checkbox"/> Regular vigorous exercise (i.e., work or recreation 4x/week for 30 minutes)

