MEDICAL QUESTIONAIRE

PATIENT:		

Instructions to patient: **PLEASE ANSWER ALL QUESTIONS** Please indicate by a check your answer to each question. These answers will greatly help your doctor to give you his (or her) best care. If yest do not understand any question or answer is uncertain simply place a question mark in the column.

Dizziness Ringing in the Ear Ringing in the Ear Bar Pain Gar Pain Garial Paralysis Headaches Bleeding Disorders Sickle Cell Illness Infectious Mononucleosis Jaundice, Hepatitis Liver Trouble Cost Nasal Drip Drainage from Nose Heart Attack (s) Palpitations/irregular/fast heart beat Anemia/Blood Disorders Sickle Cell Illness Liver Trouble Gallbladder Trouble Back Pain or Injury	Have you had or still have?:	02	NOW	PAST	REMARKS	Have you had or still have?:	O _N	NOM	PAST	REMARKS
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