

Westbrook Medical Center
7328 Middlebrook Pike
Knoxville, TN 37909

PATIENT HEALTH QUESTIONNAIRE

Patient Name _____ DOB _____

Review of Systems: (Check all that apply)

Head & Neck

- Eye Disease
- Double vision
- Blurred vision
- Prior-Ear Surgery
- Ear Ache
- Hearing loss
- Dizziness
- Ringing in ears
- Nasal Obstruction
- Nosebleeds
- Nasal Discharge
- Altered sense of smell
- Sinusitis
- Nasal Polyps
- Snoring
- Excessive sleepiness
- Facial pain
- Pain with chewing
- Recent dental work
- Mouth sores
- Lumps in the neck
- Allergies

Respiratory System

- Hoarseness
 - Chronic cough
 - Throat clearing
 - Heart Burn
 - Regurgitation
 - Spitting up blood
 - Shortness of breath
 - Wheezing
 - Asthma
 - Chronic bronchitis
 - Chest Pain
 - Emphysema
 - Tuberculosis
 - Lung cancer
- ### Neurologic
- Headaches
 - Head injury
 - Numbness or tingling
 - Transient black-outs
 - Transient vision loss
 - Seizures
 - Strokes

General

- Night Sweats
- Fevers
- Skin diseases
- Arthritis
- Bleeding Disorder
- Easy Bruisability
- HIV infection or AIDS
- Psychiatric Diseases

Gastrointestinal

- Difficult swallowing
- Pain on swallowing
- Diarrhea
- Constipation
- Jaundice
- Liver disease
- Hepatitis
- Kidney Disease
- Bloody stools
- Diverticulosis
- Gall bladder disease
- Heartburn or ulcers

Cardiovascular

- Hypertension
- Heart disease
- Angina
- Swelling of the ankles
- Heart surgery
- Angioplasty
- Pacemaker
- Anemia

Endocrine

- Diabetes
- Heat/cold intolerance
- Thyroid imbalance
- Menstrual disorders

Urologic

- Difficulty on urination
- Frequent urination
- Blood in the urine
- Prostate problems

Other

Past and present medical problems:

Previous surgeries and dates (month/year)

List all current medications and dosages (including OTC):

Do you smoke?

Yes No

If yes, how much ? _____

Do you drink alcohol?

Yes No

If yes, how much ? _____

Please list all allergies: (medications, inhalants, foods, contact allergies) _____

Patient Signature _____ Date _____