New Patient Health Questionnaire - Adult

What should we call you? _____ Birth Date _____

Pronouns (circle all that apply) she/her/hers he/him/his they/them/theirs not listed: _____

Current Gender Identity (circle all that apply) woman man transwoman transman nonbinary not listed: _____

Sex Assigned at Birth (circle all that apply) female male intersex not listed: _____

Your answers to the following questions will help us understand your medical history. Please fill out as much information as possible. If you cannot answer a question or feel uncomfortable answering a question, please leave them blank. Thank you for your help.

Over the last two weeks, how often have you been bothered by any of the following problems? (please circle)

	Not at all	Several days	More than half of the days	Nearly all of the days
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

Prescription Medications (Please list medications you take and what condition they are prescribed for.)

Medication	Condition

Medication Allergies (Please list the name of the medication and the reaction you experienced.)

Medication	Reaction

Medical History (Please check or list any medical problems you have experienced.)

☐ Asthma	☐ Anxiety	☐ Cancer / Type
☐ Depression	☐ Diabetes	☐ High blood pressure
☐ High cholesterol	☐ Thyroid disease	☐ Other:
Additional history:		

PLACE PATIENT LABEL HERE

Surgical History (Please list all previous surgeries and the year they occurred.)

Surgery	Year

Family History (Please place a check mark in the box if any of these diseases run in your immediate family.)

	Mother	Father	Brother	Sister
Cancer	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐
Heart disease	☐	☐	☐	☐
Additional family history:				

Health Habits (Please circle or note the appropriate answer.)

Tobacco Use:						
Smoking status/history	I smoke everyday		I smoke some days		I am a former smoker	
	I am a passive smoker (live with others who smoke)				I have never smoked	
How many years total have you smoked?	<5	5-10	11-15	16-20	21-25	>25
On average, how many packs per day have you smoked during your lifetime?	¼	½	1	1.5	2	3
Smokeless tobacco status/history	Current user		Former user		Never used	
If you use any tobacco, are you ready to quit?	No / Yes					
Physical Activity:						
On average, how many days per week do you engage in moderate to strenuous exercise (like walking fast, running, jogging, dancing, swimming, biking, weightlifting or other activities that cause a light or heavy sweat)?	0 1 2 3 4 5 6 7					
On average, how many minutes do you engage in exercise at this level?	0 10 20 30 40 50 60 70 80 90 >90					
Alcohol Use:						
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4 or more times per week	
How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	2-3 times per week	4 or more times per week	
Note the number of each item you drink per week	Glasses of wine ___		Cans/bottles of beer ___		Shots of liquor ___	
Recreational Drug Use:						
Do you use recreational drugs?	No / Yes					

PLACE PATIENT LABEL HERE

Sexual History (Please circle all that apply or leave blank if you prefer not to disclose.)

How do you describe your sexual orientation?	Lesbian/Gay	Straight	Bisexual	Asexual	Queer	Not Listed: ____		
What genders are your sexual or romantic partners, if any?	Men	Women	Transmen	Transwomen	Nonbinary	None	All	Not listed: _____
Do you use anything to prevent pregnancy in yourself or your partners?	No	Yes	If yes, what type? _____					

Pregnancy (Please circle or note the appropriate answer or leave blank if not applicable.)

Have you ever been pregnant?	No	Yes	If yes, how many times?
Number of:	Miscarriages ___	Abortions ___	Living children ___

If there is anything else you think is important for your provider to know, please share it in the space below:

Thank you very much for your time, your medical history is very important to us!