

CHAMPS

Community Healthy Activities Model Program for Seniors

MEDICAL HISTORY QUESTIONNAIRE -- 6 MONTH UPDATE

Please fill in today's date: ____/____/____ /1-12
month day year

Instructions: Please answer YES or NO for each question and explain if specified.
Do you now have or have you experienced any of the following conditions or problems in the past 6 months?

Arthritis or other joint problems?	YES	NO	/13
Back or spine problems?	YES	NO	/14
Fractures (broken bones) such as a hip fracture or compression fracture?	YES	NO	/15
Pain that is made worse by moving around?	YES	NO	/16
Shortness of breath?	YES	NO	/17
Pains in your heart or chest?	YES	NO	/18
Loss of consciousness?	YES	NO	/19
Faintness, lightheadedness, or dizziness?	YES	NO	/20
Leg pain?	YES	NO	/21
Heart beat irregularities?	YES	NO	/22
Asthma, chronic bronchitis, or emphysema?	YES	NO	/23
Have you experienced unintentional leakage of urine?	YES	NO	/24
If YES, does the leakage occur:			
⇒ when you cough, sneeze, lift, stand up or exercise, etc?	YES	NO	/25
⇒ when you have the urge to urinate and cannot get to the toilet fast enough?	YES	NO	/26
High blood pressure (hypertension)?	YES	NO	/27
If YES, what is your usual blood pressure: ____ / ____			/28-33
How is it being controlled? Please explain:			/34-39

Do you <u>now</u> have or have you <u>ever</u> experienced any of the following conditions or problems?			
Paralysis, stroke, or other neurological problems?	YES	NO	/40
Diabetes? If YES, how is it being controlled? Please explain: _____	YES	NO	/41 /42-47
Has your doctor ever said you have heart trouble? If YES, please explain: _____	YES	NO	/48 /49-54
Has your doctor ever said you have congestive heart failure?	YES	NO	/55
Has your doctor ever told you to restrict your physical activity because of a physical or medical problem? If YES, please explain: _____ _____	YES	NO	/56 /57-62
Do you have any other <u>major</u> health problems or conditions not mentioned above? If YES, please explain: _____	YES	NO	/63 /64-69

Instructions: Please list the names of the prescription medications you are currently taking or have available if needed. (Please print legibly.) If you prefer, bring the medication bottles to your appointment and the CHAMPS staff will assist you in recording the information.

Drug #1: _____

Drug #2: _____

Drug #3: _____

Drug #4: _____

Drug #5: _____

Drug #6: _____

Drug #7: _____

Drug #8: _____

Thank you!