Michele M. Delzer, CNP

Rapid City Health Professionals, LLC
3939 Canyon Lake Drive, Suite B
Rapid City, SD 57702
mmdelzer@rchealthpros.com
(605) 716-3555 (office)
(605) 699-7518 (fax)

____

Patient Name:____ Date:______________________

NEW PATIENT COMPREHENSIVE HEALTH HISTORY QUESTIONNAIRE

Your answers on the form will help your health care provider get an accurate history of your medical concerns and conditions. If you are a current patient there is a shorter update form you can use. Please complete all **9** pages. It is long because it is comprehensive. We really want to know you well so we can properly care for you. If you cannot remember specific details, please provide your best guess. If you are uncomfortable with any question, do not answer it.

Who referred you to my practice (circle one):

Myself Physician Family member Friend Other______________________

Main reason for today's visit:____

Other Concerns: ____

____

____

What are your health goals for the next year? ____

____

How would you rate your health (circle one): Excellent Good Fair Poor

Please list healthcare providers and their specialty you see regularly: ____________________________

____

List any medical suppliers you use (e.g.) respiratory supplies, etc): ______________________________

____

ALLERGIES or intolerance to medications?

(If yes, to what and what reaction?) ____

____

____

Michele M. Delzer, CNP
Rapid City Health Professionals, LLC
3939 Canyon Lake Drive, Suite B
Rapid City, SD 57702
mmdelzer@rchealthpros.com
(605) 716-3555 (office)
(605) 699-7518 (fax)

IMMUNIZATIONS: Enter year (if known) of any vaccinations you have had.

Tetanus (Td) _____ With Pertussis (Tdap) _____ Varicella (Chicken Pox) shot or illness _____MMR ______

Pneumovax (pneumonia) _______ Influenza (flu shot) _______ Hepatitis A ______ Hepatitis B _______

Meningitis _______ Zostavax (shingles) _______ HPV _______ Other ______________________________

SCREENING TESTS:

Lipid (cholesterol): Date _____________ Result, if known _______________

Sigmoidoscopy or Colonoscopy (circle one) Date (year)_______ Abnormal? ☐ No ☐ Yes

Polyp? ☐ No ☐ Yes

Women Only:

Mammogram Most recent date/where: _________________ Abnormal? ☐ No ☐ Yes

Pap Smear Most recent date/where: _________________ Abnormal? ☐ No ☐ Yes

Bone Density Test Most recent date/where: _________________ Abnormal? ☐ No ☐ Yes

MEDICATIONS: Please list (or show us your own printed record) all prescriptions and non-prescription medications. This includes vitamins, herbs, supplements, home remedies, birth control pills, inhalers, over the counter pain pills (e.g. Advil, Aleve, aspirin, etc.).

☐ Check box if you do not take any prescription or over the counter medications.

☐ Check box if you brought a list of your medications (give it to me or my assistant and don't write in medications below).

Medication	Dose (e.g. mg/pill)	How many times per day?

Michele M. Delzer, CNP

Rapid City Health Professionals, LLC
3939 Canyon Lake Drive, Suite B
Rapid City, SD 57702
mmdelzer@rchealthpros.com
(605) 716-3555 (office)
(605) 699-7518 (fax)

HEALTH FACTORS:

Current Tobacco Use: Yes No (go to next section – Alcohol Use)

If yes, circle the type of tobacco: Cigarettes Pipe Cigars Snuff Chew

Packs/day ______ # of years: ______ Cans/day _______ # of years: ______

Are you ready to quit? Yes No

If you quit, when did you quit? _______________ # of years using tobacco: ___________

Alcohol Use: Yes No (go to next section – Drug Use)

Number of drinks per week: _____________ Beer Wine Liquor

How many times in a year do you have more than 3 drinks (for women) more than 4 drinks (for men) in a day? ____________________

Drug Use:

Have you ever used recreational drugs? Yes No

If yes, which ones? _____________ Quit which ones? _____________ Any used currently? ___________

Sexual Activity:

Are you sexually involved? Not currently Never Yes

Sexual partner(s) are/is/have been/may be in the future? Male Female Both

Birth control method or STD prevention (check all that apply):

None needed Condom Pill IUD Patch Ring

Diaphragm Vasectomy Tubal ligation

Other method (specify) ____

er (ADL):

Military Service? Yes No Blood Transfusion? Yes No

Exposure to toxic chemicals at work? Yes No If yes, what? _______________

Exposure to toxic chemicals doing hobbies? Yes No If yes, what? ______________________

Michele M. Delzer, CNP
Rapid City Health Professionals, LLC
3939 Canyon Lake Drive, Suite B
Rapid City, SD 57702
mmdelzer@rchealthpros.com
(605) 716-3555 (office)
(605) 699-7518 (fax)

HEALTH FACTORS (continued):

Diet: Do you follow a special diet? ☐ Yes ☐ No

☐ Vegetarian ☐ Vegan ☐ Gluten Free ☐ Other ____________________________

Exercise: Do you exercise regularly? ☐ Yes ☐ No

If yes, what kind of exercise? ____

____

How long (minutes): _________________________ How often? ____________________

Do you use a helmet for recreational activities? Not applicable ☐ Yes ☐ No

Do you use seatbelts consistently? ☐ Yes ☐ No

Mental Health:

In the past 2 weeks, have you been feeling down, depressed, or hopeless? ☐ Yes ☐ No

Do you have little interest or pleasure in doing things? ☐ Yes ☐ No

SOCIAL DOCUMENTATION:

Name you prefer we use when contacting you (nickname, first, or last with Mr., Mrs., Ms., Dr., etc): ____

____

Country of birth: _______________________________

Who lives at home with you? ☐ No one ☐ Spouse/partner ☐ Children

☐ Pets (how many and what type?) ☐ Other (roommates, family, etc.) ____________________

Please list your interests, hobbies, group involvement, volunteer work, and/or travel outside of the country in the past 6 months:

____

____

____

____

Michele M. Delzer, CNP
Rapid City Health Professionals, LLC
3939 Canyon Lake Drive, Suite B
Rapid City, SD 57702
mmdelzer@rchealthpros.com
(605) 716-3555 (office)
(605) 699-7518 (fax)

SOCIOECONOMIC:

Occupation (or prior occupation): ________________________ Employer: ________________________

If you are not currently working, you are: ☐ retired ☐ unemployed ☐ disabled

☐ on a leave of absence ☐ homemaker ☐ other ____________________________

Marital status: ☐ Single ☐ Married ☐ Partner ☐ Divorced ☐ Widowed

Spouse/partner's name: ____

Number of children: ________ Ages (if minors): _________ Number of grandchildren _________

Number of greatgrandchildren: _________

Education: ☐ High school or GED ☐ Trade school ☐ College ☐ Grad. School ☐ Other

MEDICAL FORMS:
Please check any of the following forms you have completed:

- ☐ Advanced Directive for Health Care (ADHC)
- ☐ Durable Power of Attorney (DPA) for healthcare decisions
- ☐ Living Will
- ☐ Physician Orders for Life Sustaining Therapy (POLST)
- ☐ Know about these or have the forms but have not completed them
- ☐ Don't know what these are

WOMEN'S HEALTH HISTORY:

Total number of pregnancies: ____ # of births: ____ # of miscarriages: ____ # of abortions: ____

Age at beginning of periods (menstruation): ____

Age at the end of periods (menopause/hylsteretomy): ____

Do you have concerns about your periods or menopause you'd like to discuss? ☐ No ☐ Yes

If you are having periods, how often do they occur? Every____ days. How long do they last?____ days.

Michele M. Delzer, CNP
Rapid City Health Professionals, LLC
3939 Canyon Lake Drive, Suite B
Rapid City, SD 57702
mmdelzer@rchealthpros.com
(605) 716-3555 (office)
(605) 699-7518 (fax)

FAMILY HISTORY:

Mother living? Yes No Illnesses: ____

Father living? Yes No Illnesses: ____

# of biological siblings: _____ Illnesses: ____

PERSONAL MEDICAL HISTORY: Do you have now or have you had (past) any of the following conditions? If "no", leave blank.

Condition	Now	Past	Comments
Alcohol / Drug Abuse			
Allergy (Hay Fever)			
Anemia			
Anxiety			
Arthritis (Rheumatoid)			
Arthritis (Osteoarthritis)			
Asthma			
Bladder / Kidney Problems			
Blood Clot (leg)			
Blood Clot (lung)			
Blood Transfusion			
Breast Lump			
Cancer Breast			
Cancer Colon			
Cancer Other Type			
Cancer Ovarian			
Cancer Prostate			
Cataracts			
Chicken Pox			
Colon Polyp			
Coronary Artery Disease			
Depression			
Diabetes (adult onset)			
Diverticulosis			
Emphysema (COPD)			
Fractures (broken bones)			Where?

Michele M. Delzer, CNP
Rapid City Health Professionals, LLC
3939 Canyon Lake Drive, Suite B
Rapid City, SD 57702
mmdelzer@rchealthpros.com
(605) 716-3555 (office)
(605) 699-7518 (fax)

Condition	Now	Past	Comments
Gallbladder Disease			
Gastroesophageal Reflux (Heartburn/GERD)			
Glaucoma			
Gout			
Gynecological Conditions (Endometriosis)			
Gynecological Conditions (Fibroids)			
Gynecological Conditions (Other)			
Heart Attack			
Hepatitis – Type A			
Hepatitis – Type B			
Hepatitis – Type C			
Hepatitis – Other			
High Blood Pressure			
High Cholesterol			
Hip Fracture			
Irritable Bowel Syndrome			
Kidney Disease / Failure			
Kidney Stones			
Liver Disease			
Migraine Headaches			
Osteoporosis			
Pneumonia			
Prostate (enlargement)			
Prostate (nodules)			
Seizure / Epilepsy			
Skin Condition (Eczema)			
Skin Condition (Abnormal Moles)			
Sleep Apnea			
Stomach Ulcer			
Stroke			
Thyroid (Nodule)			
Thyroid High (Overactive) / Hyperthyroidism			
Thyroid High (Underactive) / Hypothyroidism			
Other (list)			
Other (list)			

Michele M. Delzer, CNP
Rapid City Health Professionals, LLC
3939 Canyon Lake Drive, Suite B
Rapid City, SD 57702
mmdelzer@rchealthpros.com
(605) 716-3555 (office)
(605) 699-7518 (fax)

SURGICAL AND PROCEDURE HISTORY – Please check off any procedure or surgeries. List any abnormal findings, details, or complications under comments.

Surgical Procedure	**Code**	**Yes**	**Year**	**Comments**
Abdominal surgery	HX0004			
Angiogram (heart)				
Angiogram (vascular)				
Appendectomy (appendix removal)				
Back surgery (lumbar)				
Biopsy (location in comments)				
Breast biopsy				
Breast surgery				
Cataract surgery				
Colonoscopy				
Coronary bypass				
Coronary stent				
C-Section				
Echocardiogram (heart)				
EGD (Stomach endoscopy)				
Gallbladder removal				
Heart surgery (other than coronary bypass checked above)				
Hip surgery				
Hysterectomy (partial, ovaries left)				
Hysterectomy (total, including ovaries)				
Knee surgery				
LEEP (Cervix surgery)				
Neck (Spine) surgery				
Ovary removal				
Pulmonary function test				
Sigmoidoscopy				
Sinus surgery				
Stress test (stress echo)				
Stress test (thallium/perfusion)				
Stress test (treadmill)				

Michele M. Delzer, CNP
Rapid City Health Professionals, LLC
3939 Canyon Lake Drive, Suite B
Rapid City, SD 57702
mmdelzer@rchealthpros.com
(605) 716-3555 (office)
(605) 699-7518 (fax)

Surgical Procedure	Code	Yes	Year	Comments
Tonsillectomy				
Tubal ligation				
Vasectomy				
Other (list)				

☐ Check box if you have never had any medical procedures or surgeries.

If you have suffered from chronic pain, have any of the following helped your pain?

	Yes	No	Not Tried
Less Activity			
Biofeedback / Counseling			
Chiropractic Treatment			
Ice / Heat			
Medications			
Nerve Block / Epidural Injections			
Physical / Occupational Therapy			
Surgery			
Other			

Thank you for taking the time to complete this form!