

# Evolutions Institute of SOMA Instruction

## Health History Questionnaire

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Marital Status: M S D W      Number of Children: \_\_\_\_\_

Occupation: \_\_\_\_\_

In case of emergency, contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

What issues would you like our help with today:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

When were you last seen by a physician?

\_\_\_\_\_

For what purpose?

\_\_\_\_\_

\_\_\_\_\_

Doctor's name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

When was the last time you had blood work completed?

\_\_\_\_\_  
\_\_\_\_\_

**List current medications you are taking. Please include reason for use.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**List current supplements or over-the-counter items that you are taking. Please include reason for use.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

List known allergies to either food or drugs:

\_\_\_\_\_

Have you had any significant accidents, injuries or illnesses? Describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any other hospitalizations or surgeries you have had, and your age at the time:

---

---

**YOUR HISTORY:** Circle all of the conditions that you have now or ever have had:

- Addiction(s)
- Allergies
- Arthritis
- Asthma
- Bladder/Kidney
- Bleeding Issues
- Cancer
- Depression
- Diabetes
- Digestive
- Immune Disease
- Genetic Disease
- Gout
- Headache/Migraine
- Heart Disease
- High Blood Pressure
- Lung Issues
- Overweight/Underweight
- Osteoporosis
- Stroke
- Thyroid Disease
- Intestinal Issues
- Joint Pain

Other:

---

---

On a scale of **1-10**, how physically active do you believe you are?

---

Who should we thank for referring you to our office today?

---