

440 New Britain Avenue, Plainville, CT 06062 Ph: 860-747-9441 – Fax: 860-747-8597

## Health History Questionnaire

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_ Employer: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number of Contact: \_\_\_\_\_

Is this Injury work related? \_\_\_\_\_ Date of accident: \_\_\_\_\_ Time \_\_\_\_\_

Area of body injured \_\_\_\_\_ Right \_\_\_\_\_ Left \_\_\_\_\_

Explain injury in your own words; specify location where accident occurred (what floor or dept.): \_\_\_\_\_

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	YES	NO	If yes you must explain below:
1. Are you allergic to any medication?	_____	_____	_____
2. Are you currently taking any medications?	_____	_____	_____
3. Date of last Tetanus shot.	_____	_____	_____
4. Do you have a history of stomach problems/ulcer?	_____	_____	_____
5. Are you allergic to latex or rubber products?	_____	_____	_____
6. Do you or have you ever smoked?	_____	_____	_____
7. Do you have a history of high blood pressure?	_____	_____	_____
8. Do you have a history of heart disease/chest pain?	_____	_____	_____
9. Do you have a pacemaker?	_____	_____	_____
10. Do you have a history of high cholesterol?	_____	_____	_____
11. Do you have a history of diabetes?	_____	_____	_____
12. Do you have a history of asthma/lung disease?	_____	_____	_____
13. Any previous hospitalizations or surgeries?	_____	_____	_____
14. Have you had any work restrictions or disability ratings?	_____	_____	_____
15. Have you had a prior back or neck problems/injuries?	_____	_____	_____
16. Do you have arthritis/joint problems?	_____	_____	_____
17. Family history of diabetes, cardiac, hypertension, cancer?	_____	_____	_____

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_