

# New Patient Health History Questionnaire

## SEATTLE PERFORMANCE MEDICINE

All information contained in this questionnaire is strictly confidential and will become part of your medical record.

Name: First

Name: Last

Date of Birth:

Age:

Gender:

Current Health Care Provider(s):

Preferred Pharmacy (if any):

Reason(s) for Seeking Care (what are you hoping to get out of your care at SPM?)

Improve Overall Health and Wellbeing

Improve energy levels

Reduce specific health risk factors (blood pressure, cholesterol, diabetes, other)

Address weight, body composition concerns and metabolism factors

Fertility Concerns

Improve athletic performance / cardio fitness and / or strength

Athlete Overtraining Syndrome Evaluation

VO2max or other athlete / fitness testing appointment

Executive or Firefighter Wellness Evaluation

Other

Health Concerns:

Elevated Blood Pressure

Elevated Cholesterol

Elevated blood sugar (prediabetes or diabetes)

Insulin resistance

Acne

Dry skin, eczema or psoriasis

Low energy

Poor sleep - insomnia

Frequent Injuries

Current Injury

Frequent Infections (example: bronchitis, sinusitis, pharyngitis, urinary tract)

Abdominal pain - upper (heartburn, reflux, pain, nausea, vomiting, blood (circle))

Abdominal pain - lower (irregular bowel habits, blood, diarrhea, constipation, pain (circle))

Bone density concerns - osteopenia or osteoporosis

Chest pain, chest discomfort

Dizziness

Daytime sleepiness or lethargy

Headache - migraine

Headache - other

Palpitations - sensation of rapid, strong or irregular heart beat

Anxiety or irritability

Poor concentration or focus

Abnormal appetite - excessive hunger and reduced fullness (satiety)

Abnormal appetite - low hunger and increased fullness (satiety)

Muscle soreness - general

Joint pain or stiffness - general

Sleep apnea

Shortness of breath, asthma or wheezing

Athlete - poor sprinting, loss of speed, not improving fitness despite training

Athlete - abnormal low heart rate response

Athlete - abnormal muscle cramping with workouts

Athlete - poor recovery after workouts

Past eating disorder (bulimia, anorexia, night eating syndrome, etc.)

Current eating disorder

Change in vision

Hearing loss

Excess thirst and / or urination

Other

Past hospitalizations or surgeries (please list year):

Current medications:

Current supplements:

Family History - include any conditions in parents, siblings, grandparents, aunts, uncles and children

heart attacks before age 60

heart attacks other

heart condition - other

high blood pressure

high cholesterol

diabetes

thyroid problems

cancer

anemia

celiac disease

low bone density - osteoporosis

obesity

Other

Allergies to medications or medical items

None

Sulfa

Penicillin

Latex

Codeine or hydrocodone - opiates

Erythromycin

Other

## Nutritional Habits

Usually eat breakfast - minimum 5 times weekly

Usually eat 3 meals daily - minimum 5 times weekly

Avoid carbs

Avoid fats

Watch caloric intake

Vegan

Vegetarian

Pescatarian

Gluten Free

Dairy Free

Wheat Free

More than 3 servings sweets daily

3 or more servings dairy daily

3 or more servings whole grains or beans daily

5 or more servings of fruits + veggies combined daily

2 servings fish weekly

Other

## Exercise and Physical Activity Habits

Don't regularly exercise at the moment

Walk, bike, jog, ski, swim, hike, etc. about 60-100 minutes weekly

Walk, bike, jog, ski, swim, hike, etc. 100-150 min weekly

Walk, bike, jog, ski, swim, hike, etc.. 150-300 min weekly

Walk, bike, jog, ski, swim, hike, etc. more than 300 min weekly

Strength training regularly

Active daily life - gardening, construction, labor

Multisport event training - triathlon or adventure racing

Ultraendurance training - ultramarathoning, ultracycling, mountaineering

Team sports training - soccer, basketball, hockey, etc...

Track racing - bike, skate or run

Other

#### Other habits:

Alcohol - none

Alcohol - more than 1-2 glasses wine or beer or 1 drink on average daily

Tobacco - chewing current use

Tobacco - cigarettes, cigar or pipe - current use

Tobacco - cigarettes, cigar or pipe - past use only

Marijuana - daily - current use

Marijuana - 3-6 times weekly - current use

Other current recreational drug use

Sleep - less than 7 hours on average

Night shift work regularly

Relaxation strategies: meditation, gentle yoga or stretching, warm baths or hot tub, regular massage, etc....

Travel frequently for work

Work more than 40 hours per week regularly

Stress level 5-10 on scale of 1-10

Other

#### Child & Teens

Growth delay concerns

History of Low birth weight for gestational age

History of feeding issues in early life (colic, reflux)

Maternal gestational diabetes

Weight concerns - overweight issues beginning before 6 years of age

Weight concerns - overweight issues beginning from 6-10 years of age

Weight concerns - overweight issues beginning from 11-15 years of age

Weight concerns - overweight issues beginning from 16+ years of age

Weight concerns - underweight issues beginning from 6-10 years of age

Weight concerns - underweight issues beginning from 11-15 years of age

Weight concerns - underweight issues beginning before 16+ years of age

ADD or ADHD diagnosis

Learning difficulties

Other

#### Men:

Urinary flow problems (dribbling, poor stream, urgency) or history of enlarged prostate diagnosis

Low sperm count

Low sex drive or sexual function issues

Family history of prostate cancer - father or sibling

Family history of male breast cancer - father or sibling

Women:

Menopausal (no menses for 1 full year) - don't check if you had hysterectomy and still have ovaries

Irregular periods - skip or long periods between cycles

No periods for more than 3 consecutive months currently

Irregular periods - frequent more than one monthly

Painful periods

Heavy bleeding w/ periods

Currently pregnant

Past pregnancies

Fertility issues with past pregnancies

Fertility issues - currently trying to become pregnant

History of gestational diabetes during past pregnancy

History of abnormal pap

Last pap more than 2 years ago - age 18+

Concerned about a breast lump

Mammogram within the last 2 years - age 40+

Diagnosis of Polycystic Ovarian Syndrome (PCOS) (elevated testosterone, etc..)

Abnormal hair growth - face, abdomen or other

Family history of breast or ovarian cancer - mother or sister

Other

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#### Health Screening History

Colon - have had initial screening and kept up w/ recommended - 50+ years of age only

DEXA scan - bone density

Cardiac stress testing - exercise stress test within last 5 years

Calcium scoring heart scan within last 5 years

Other

#### Form Verification (Patient please complete):

Patient: I verify that the information in this form is accurate to the best of my knowledge.

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#### Form Review - SPM medical staff only to complete this section

Dr. Cooper: I verify that I have reviewed information contained in this form

#### Date of Review (SPM Staff):

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**PLEASE PROCEED TO NEXT PAGE TO COMPLETE AND SUBMIT FORM**

**Please 'SUBMIT' & also send completed form via e-mail to [frontdesk@spmedicine.com](mailto:frontdesk@spmedicine.com)**

or by fax to: (206) 632-4576

or snail mail to: SPM, 400 N 34th St. Suite 300, Seattle, WA 98103

**Thanks! We look forward to your appointment.**

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