



mindful
anesthesia

75 PROSPECT STREET
HUNTINGTON NY 11743
888 406 8646

Medical History Questionnaire

Contact

Name	Date of Birth	Address	Best Contact Phone

Health Care Professional Contact

Referring Health Professional name & Address (if known)	Referring Health Professional Phone Number

Primary Care Health Professional Name & Address (if known)	Primary Care Health Professional Phone Number



Substance Use History

Substance	Frequency	Quantity	Duration	Last use
Alcohol				
Tobacco				
Marijuana				
Heroin				
Cocaine				
Other				
Other				
Other				



Medical / Surgical history

Height	Weight

Heart Health History

Circle all that apply

Heart Health Issue	Further explanation if any
High blood pressure	
Heart Stents/Chest pain/Heart attack	
Heart valve surgery/Artery Bypass	
Palpitations/Arrhythmia	
Heart Failure	
Lightheaded/Dizziness/Fainting/Passing out	
Trouble breathing with exertion	
Swelling	
Other	



Lung Health History

Circle all that apply

Lung Health Issue	Further explanation if any
COPD/Emphysema/Bronchitis	
Asthma	
Lung fibrosis	
Home oxygen	
Pulmonary hypertension	
Other	

Brain Health History:

Circle all that apply

Brain Health Issue	Further explanation if any
Stroke/TIA(mini stroke)	
Dementia	
Arm Leg weakness	
Numbness/Tingling	
Headaches/Migraines	
Other	



Gastrointestinal Health History

Circle all that apply

Gastrointestinal Health Issue	Further explanation if any
Kidney problems	
Liver problems	
Acid reflux	
Nausea/vomiting	
Constipation/Diarrhea	
Inflammatory bowel disease	
Irritable bowel syndrome	
Other	



Other Health History

Circle all that apply

Other Health Issue	Further explanation if any
Rheumatological problems	
Thyroid	
Muscle/Bone/Joint	
Skin disorders	
Gynecological issues	
Immunity problems	
Chronic Pain	
Malignancy/cancer	
Pregnancy (Current or Possibility)	
Last Menstrual Period	



Surgeries

Surgery	Reason

Allergies to medications/ food

Allergen	Reaction

