THE QUEEN'S HEALTH CARE CENTERS

☐ **POB 1:** 1380 Lusitana St., #804, Honolulu, HI96813 | Ph. (808) 691-8962, Fax (808) 691-8967
☐ **POB 1:** 1380 Lusitana St., #706, Honolulu, HI 96813 | Ph. (808) 521-8913, Fax (808) 537-3944
☐ **POB 3**: 550 S. Beretania St., #401, Honolulu, HI 96813 | Ph. (808) 691-7744, Fax (808) 691-4005
☐ **HALEIWA:** 66-125 Kamehameha Hwy., Haleiwa, HI 96712 | Ph. (808) 637-5087, Fax (808) 637-0942
☐ **HAWAII KAI:** 377 Keahole St., Honolulu, HI 96825 | Ph. (808) 396-6675, Fax (808) 395-2104
☐ **KAPOLEI:** 599 Farrington Hwy., #201, Kapolei, HI 96707 | Ph. (808) 691-7338, Fax (808) 691-7360
☐ **MILILANI:** 95-1249 Meheula Pkwy., #129, Mililani, HI 96789 | Ph. (808) 623-2435, Fax (808) 623-1125

Patient Name: _____ Date of Birth: _____

Allergies **Yes / No**

Allergy	Reactions	How Severe?
		Low / Medium / High
		Low / Medium / High
		Low / Medium / High

Medical History

Anemia	☐ Yes ☐ No	High Blood Pressure	☐ Yes ☐ No
Anxiety Disorder	☐ Yes ☐ No	High Cholesterol	☐ Yes ☐ No
Asthma	☐ Yes ☐ No	HIV/AIDS	☐ Yes ☐ No
Back Problem	☐ Yes ☐ No	Kidney Disease	☐ Yes ☐ No
Bladder Disease	☐ Yes ☐ No	Liver Disease	☐ Yes ☐ No
Blood Clotting Disorder	☐ Yes ☐ No	Lung Disease	☐ Yes ☐ No
Bone Disease	☐ Yes ☐ No	Other Medical History	☐ Yes ☐ No
Bowel Disease	☐ Yes ☐ No	Prostate Disease	☐ Yes ☐ No
Breast Disease	☐ Yes ☐ No	Rheumatic Fever	☐ Yes ☐ No
Cancer	☐ Yes ☐ No	Seizures	☐ Yes ☐ No
Diabetes Mellitus	☐ Yes ☐ No	Sexually Transmitted Disease	☐ Yes ☐ No
GERD	☐ Yes ☐ No	Stomach Disease	☐ Yes ☐ No
Glaucoma	☐ Yes ☐ No	Stomach Ulcer	☐ Yes ☐ No
Headaches	☐ Yes ☐ No	Thyroid Disease	☐ Yes ☐ No
Heart Disease	☐ Yes ☐ No	Tuberculosis	☐ Yes ☐ No
Hemorrhoids	☐ Yes ☐ No		

Other: _____

Psychiatric History

ADHD	☐ Yes ☐ No	Depression	☐ Yes ☐ No
Alcohol Abuse	☐ Yes ☐ No	Meth/Cocaine Abuse	☐ Yes ☐ No
Anxiety Disorder	☐ Yes ☐ No	Other Mental Disorder	☐ Yes ☐ No
Autism	☐ Yes ☐ No	Other Substance Abuse	☐ Yes ☐ No
Bipolar Disorder	☐ Yes ☐ No	Schizophrenia	☐ Yes ☐ No
Dementia	☐ Yes ☐ No		

Other: _____

Surgical History

Abdominal Surgery	☐ Yes ☐ No	Eye Surgery	☐ Yes ☐ No
Back/Neck Surgery	☐ Yes ☐ No	Kidney/Bladder/Prostate Surgery	☐ Yes ☐ No
Brain Surgery	☐ Yes ☐ No	OB/GYN Surgery	☐ Yes ☐ No
Breast Surgery	☐ Yes ☐ No	Orthopedic Surgery	☐ Yes ☐ No
Cardiac Rhythm Management Device (CRMD)	☐ Yes ☐ No	Other Surgeries	☐ Yes ☐ No
Cardiac Surgery	☐ Yes ☐ No	Thoracic Surgery	☐ Yes ☐ No
Cosmetic/Reconstructive Surgery	☐ Yes ☐ No	Vascular Surgery	☐ Yes ☐ No
ENT Surgery	☐ Yes ☐ No		

Other: _____

Social History

What is your ethnicity?		Have you ever smoked or used nicotine?	YES NO
Are you married?	YES NO	If yes, what type? Cigarettes - Cigars - E-cigarettes - Pipe - Smokeless (chew or snuff)	
Number of children		Start Date:	Quit Date:
How many people in your household?		Packs / Day:	Years:
Your relationship with them		Do you drink alcohol? YES NO If yes, Beer, Liquor, or Wine? If yes, how much per week? ______________________________	
Highest level of education		Do you use illicit drugs? YES NO If yes, what type? ___________________________________ How much per week? __________________________	
Employer and occupation		Are you on birth control? YES NO If yes, what type / name of birth control? ____	

Medications

Med Name	Dose	Taken How Often?	Took Today?
		1x/day - 2x/day - 3x/day - 4x/day - Other	**Yes / No**
		1x/day - 2x/day - 3x/day - 4x/day - Other	**Yes / No**
		1x/day - 2x/day - 3x/day - 4x/day - Other	**Yes / No**
		1x/day - 2x/day - 3x/day - 4x/day - Other	**Yes / No**
		1x/day - 2x/day - 3x/day - 4x/day - Other	**Yes / No**
		1x/day - 2x/day - 3x/day - 4x/day - Other	**Yes / No**
		1x/day - 2x/day - 3x/day - 4x/day - Other	**Yes / No**
		1x/day - 2x/day - 3x/day - 4x/day - Other	**Yes / No**
		1x/day - 2x/day - 3x/day - 4x/day - Other	**Yes / No**
		1x/day - 2x/day - 3x/day - 4x/day - Other	**Yes / No**

Family History

Relationship	Name	Status	Add Problem	Alcohol Abuse	Arthritis	Asthma	Birth Defects	Cancer	COPD	Depression	Diabetes Mellitus	Drug Abuse	Early Death	Hearing Loss	Heart Disease	High Cholesterol	Hypertension	Kidney Disease	Learning Disability	Mental Illness	Mental Retardation	Miscarriages/Stillbirths	Stroke	Vision Loss
Mother			+																					
Father			+																					
Sister			+																					
Brother			+																					
Daughter			+																					
			+																					
			+																					
Son			+																					
			+																					
			+																					
MGM			+																					
MGF			+																					
PGM			+																					
PGF			+																					

Other Problems:

Relationship	Problem	Relationship	Problem