

**Brazos Valley Endocrinology, PA, and Crumpler Diabetes & Education, PLLC**  
**Medical History Questionnaire**

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Reason for consulting an endocrinologist: \_\_\_\_\_

Please list **all** medical conditions and the date you were diagnosed:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please list **all** surgeries and the date they were performed:

_____	_____
_____	_____
_____	_____
_____	_____

Please list **all** current prescription and over-the-counter medications, dosage, and frequency of administration, including brand of glucometer:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please list **all** known allergies to medications and the resulting side effects:

_____	_____
_____	_____
_____	_____
_____	_____

**Immunizations:**

Last Influenza Vaccine: \_\_\_\_\_

Last Pneumovax: \_\_\_\_\_

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**Family History:** Please document any known medical problems in family members, particularly endocrine disorders involving diabetes, thyroid, pituitary, adrenal, calcium, and/or osteoporosis:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Social History:** Please circle or document any positive responses below

Alcohol Use: yes or no If yes, then amount of use: Occasional or Moderate or Heavy History of abuse? \_\_\_\_\_

Types of alcohol consumed: Beer Hard liquor Wine

Tobacco Use: yes or no If yes, then types of use: Cigarettes Pipe Cigars Chewing tobacco Snuff

Years smoking: \_\_\_\_\_ Average packs per day: \_\_\_\_\_ Still smoking: yes or no Quit date: \_\_\_\_\_

Average cigars per week: \_\_\_\_\_ Average cans of smokeless tobacco per week: \_\_\_\_\_

Drug Use: yes or no If yes, then type of drug: Cocaine Crack Heroin IV drugs Marijuana Uppers Downers

Years using: \_\_\_\_\_ Average use: Daily Weekly Monthly Yearly Still using: yes or no Quit date: \_\_\_\_\_

Caffeine Use: yes or no If yes, then type of use: Coffee Tea Carbonated beverages Food Medicines

Servings per day: 1 2 3 4 5 6 7 8 8+

Exercise Activity: No exercise Occasionally Regularly Inactive Light Moderate Heavy Vigorous

Days per week: \_\_\_\_\_ Minutes of exercise each time: \_\_\_\_\_

Types of exercise: Walking Jogging Running Cycling Weight training Team sports Aerobic Raquet sports

Exercise classes Yoga Martial arts Stretching Golf Bowling

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

**For Insulin Pump Users:**

Brand of pump: \_\_\_\_\_ Glucometer: \_\_\_\_\_

Basal rates: \_\_\_\_\_

Insulin-to-carb ratio: \_\_\_\_\_

Correction/sensitivity factor: \_\_\_\_\_

Target glucose: \_\_\_\_\_

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**Review of Systems:** Please circle or underline **current** symptoms or problems:

- General: Change in appetite, weight gain, weight loss, fatigue, night sweats, fever, persistent infections
- Skin/hair: Dryness, rash, hives, excessive sweating, poor wound healing, dark coloration around neck or under arms, acne, hair loss, abnormal hair growth on chin or upper lip [females]
- Eyes: Blurred vision, double vision, peripheral vision deficits, irritation
- Ears/Nose/Throat: Sinus problems, seasonal allergies, hoarseness, sore throat
- Respiratory: Shortness of breath at rest, cough, snoring, decreased exercise tolerance
- Cardiovascular: Palpitations, swelling of extremities, require more than two pillows at night, chest pain, shortness of breath on exertion, irregular heartbeat, abnormal blood pressure, rapid heart rate
- Gastrointestinal: Nausea, vomiting, constipation, diarrhea, frequent bowel movements, indigestion, heartburn, abdominal pain, difficulty swallowing
- Genitourinary: Frequency of urination, urgency of urination, increased urination during the day, increased urination overnight, erectile dysfunction [males]
- Obstetrics: Number of pregnancies: \_\_\_\_\_ Number of deliveries: \_\_\_\_\_  
If any births greater than 9 lbs, then how many: \_\_\_\_\_
- Gynecologic: Age of first period: \_\_\_\_\_ Last menstrual period: \_\_\_\_\_  
Irregular cycles or periods, no cycles or periods, menopause, infertility, hot flashes
- Musculoskeletal: Joint pain, muscle cramps, muscle weakness, muscle aches
- Neurological: Confusion, decreased memory, headaches, numbness, tingling, seizures, tremors, weakness
- Psychiatric: Depression, anxiety, irritability, inability to concentrate, insomnia
- Endocrine: Heat intolerance, cold intolerance, increased thirst, decreased sex drive, abnormal nipple discharge, increased breast size [males]
- Heme/Lymph: Easy bruising, abnormal bleeding, enlarged lymph nodes

Any other symptoms or problems:

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