Hana Pono™ Wellness Center
2 Aarona Place Ste 202, Kailua, HI 96734 Ph: (808) 263-4343

Health Questionnaire

Name:_____ **Date:** _____

Medical History

Allergies	☐Yes	■No	Depression	☐Yes	■No	Incontinence	☐Yes	■No
Anemia	☐Yes	■No	Diabetes	☐Yes	■No	Metal Implants	☐Yes	■No
Anxiety	☐Yes	■No	Dizzy Spells	☐Yes	■No	Multiple Sclerosis	☐Yes	■No
Arthritis	☐Yes	■No	Emphysema/Bronchitis	☐Yes	■No	Osteoporosis	☐Yes	■No
Asthma	☐Yes	■No	Fibromyalgia	☐Yes	■No	Parkinson's	☐Yes	■No
Cancer	☐Yes	■No	Fractures	☐Yes	■No	Seizures	☐Yes	■No
Cardiac Conditions	☐Yes	■No	Heart Disease	☐Yes	■No	Strokes	☐Yes	■No
Cardiac Pacemaker	☐Yes	■No	Hepatitis	☐Yes	■No	Thyroid Disease	☐Yes	■No
Currently Pregnant	☐Yes	■No	High Blood Pressure	☐Yes	■No	Vision Problems	☐Yes	■No

HEIGHT:_____**WEIGHT:**_____

Fall History

Injury as a result of a fall in the past year? □Yes ■No Date of Fall: _____

Two or more falls in the last year? □Yes ■No Dates of Falls:_____

Surgical History

Body Region:_____Surgery Type:_____Date of Surgery:_____

Body Region:_____Surgery Type:_____Date of Surgery:_____

Body Region:_____Surgery Type:_____Date of Surgery:_____

Body Region:_____Surgery Type:_____Date of Surgery:_____

Current Medications (Including OTC, Herbals & Supplements)

Drug:_____Dosage/Frequency:_____Reason:_____By mouth? ■Yes □No

Drug:_____Dosage/Frequency:_____Reason:_____By mouth? ■Yes □No

Drug:_____Dosage/Frequency:_____Reason:_____By mouth? ■Yes □No

Drug:_____Dosage/Frequency:_____Reason:_____By mouth? ■Yes □No

Drug:_____Dosage/Frequency:_____Reason:_____By mouth? ■Yes □No

Drug:_____Dosage/Frequency:_____Reason:_____By mouth? ■Yes □No

Sports and Leisure Activities

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