Houston Cancer Treatment & Immunotherapy Center, PLLC

1101 Alma St. Suite 106, Tomball, TX 77375
11417 Veterans Memorial Dr., Houston, TX 77067
17506 Red Oak Dr., Houston, TX 77375
Phone: (832) 336-1853 Fax: (832) 663-0559
Dr. Diane D. Nguyen, DO
Board Certified Medical Oncologist and Hematologist

HEALTH HISTORY QUESTIONNAIRE

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

PATIENT NAME: ___________________________________ **DOB:** _______________

DATE: __________________________

CHIEF COMPLAINT: ____

HOW HAVE YOU BEEN DOING SINCE LAST VIST? ANY CHANGES?

____

____

____

____

NEW ALLERGIES| *Please list any new allergies.*

Drug Name	Reaction
____________________________________	_____________________________
____________________________________	_____________________________
____________________________________	_____________________________

Non-Drug Allergy	Reaction
____________________________________	_____________________________
____________________________________	_____________________________

NEW MEDICATIONS| *Please list any new medications you are taking.*

Drug Name & Dose	Frequency	Reason for taking
_____________________________	___________________	_________________
_____________________________	___________________	_________________
_____________________________	___________________	_________________

Houston Cancer Treatment & Immunotherapy Center, PLLC

1101 Alma St. Suite 106, Tomball, TX 77375
11417 Veterans Memorial Dr., Houston, TX 77067
17506 Red Oak Dr., Houston, TX 77375
Phone: (832) 336-1853 Fax: (832) 663-0559
Dr. Diane D. Nguyen, DO
Board Certified Medical Oncologist and Hematologist

GENERAL EVALUATION OF PAIN| *Please notate pain level on a scale of 0 (no pain) to 10 (worst pain imaginable).*

Current Pain Level: _______/10

If pain is not relevant to today's visit, please notate that here: ☐ Pain not relevant.

Pain with no medications: ______/10 Pain with medications: _______/10

Location of pain: ____
____

How did pain occur?: ____
____

REVIEW OF SYMPTOMS|

General

☐ Normal
☐ Weight Gain| ____ lbs.
☐ Weight Loss| ____ lbs.
☐ Tiredness ☐ Fever
☐ Chills ☐ Night sweats
Energy Levels: ☐ Normal ☐ Improving ☐ Decreased
☐ Other: ______________________________
____

Skin

☐ Normal
☐ Rash ☐ Itching ☐ Erythema
☐ Skin allergy ☐ Sun burns easily
☐ Bad sun burns in the past
☐ Long term sun exposure
Tanning booth user: ☐ Past ☐ Present
☐ Other: ___________________________
____

HEENT

☐ Normal
☐ Dry mouth ☐ Hoarseness ☐ Difficult swallowing ☐ Head injury
☐ Blurred vision ☐ Glasses ☐ Glaucoma Artificial Eye: ☐ Left ☐ Right ☐ Both
Blind: ☐ Left ☐ Right ☐ Both Cataracts: ☐ Left ☐ Right ☐ Both
☐ Nasal congestion ☐ Nosebleed ☐ Deviated Septum
Sinusitus: ☐ Seasonal ☐ Acute ☐ Chronic Hearing Aids: ☐ Left ☐ Right ☐ Both
Partial Deafness: ☐ Left ☐ Right ☐ Both Deaf: ☐ Left ☐ Right ☐ Both
☐ Other: ____
____

1101 Alma St. Suite 106, Tomball, TX 77375
11417 Veterans Memorial Dr., Houston, TX 77067
17506 Red Oak Dr., Houston, TX 77375
Phone: (832) 336-1853 Fax: (832) 663-0559
Dr. Diane D. Nguyen, DO
Board Certified Medical Oncologist and Hematologist

CARDIOVASCULAR/RESPIRATORY

☐ Normal
☐ Abnormal blood pressure ☐ Shortness of breath ☐ Difficulty breathing
☐ Palpitations ☐ Chest Pain ☐ Heart problems
☐ Heart attack ☐ Pacemaker ☐ Stroke
☐ Coronary artery disease ☐ Coughing up blood last 3 times
☐ Chronic cough ☐ Emphysema ☐ Asthma
☐ Other: ____

BREASTS

☐ Normal
☐ Nipple retraction ☐ Discharge ☐ Lump ☐ Pain
☐ Infection ☐ Last mammography done: ______________________
☐ Other: ____

GASTROINTESTINAL

☐ Normal
☐ Last bowel movement: _______________ ☐ Nausea
☐ Vomiting ☐ Diarrhea ☐ Constipation
☐ Rectal pain ☐ Rectal bleeding ☐ Black stool
☐ White stool ☐ Pain in abdomen ☐ Hepatitis
☐ Intestinal polyps ☐ Gastrointestinal parasite ☐ Heartburn
☐ GERD ☐ Incontinence of stool ☐ Last Colonoscopy: _______
☐ Other: ____

GENITOURINARY

☐ Normal
☐ Pelvic pain ☐ Blood in the urine ☐ Burning when urinating
☐ Obstruction ☐ Incontinence of urine
☐ Other: ____

GYNECOLOGIC

☐ Pre-Menopause ☐ Menopause at present ☐ Never pregnant
☐ Abnormal vaginal bleeding ☐ Endometriosis ☐ Heavy periods
☐ Prolonged periods ☐ Painful periods ☐ Irregular periods
☐ Abnormal discharge ☐ Painful intercourse ☐ Frequent yeast infections
☐ Other: ____

Houston Cancer Treatment & Immunotherapy Center, PLLC

1101 Alma St. Suite 106, Tomball, TX 77375
11417 Veterans Memorial Dr., Houston, TX 77067
17506 Red Oak Dr., Houston, TX 77375
Phone: (832) 336-1853 Fax: (832) 663-0559
Dr. Diane D. Nguyen, DO
Board Certified Medical Oncologist and Hematologist

MUSCULOSKELETAL/NECK

☐ Normal
☐ Neck pain ☐ Neck stiffness ☐ Neck mass
☐ Back pain ☐ Decreased range of motion ☐ Joint pain
☐ Stiff joints ☐ Swelling in the extremities ☐ Muscle atrophy
☐ Muscle cramps ☐ Muscle weakness ☐ Balance difficulties
☐ Wheelchair-bound
☐ Other: ____
____

NEUROLOGICAL

☐ Normal
☐ Headaches ☐ Weakness ☐ Memory loss
☐ Seizures ☐ Paralysis ☐ Numbness
☐ Tingling
☐ Other: ____
____

PSYCHIATRIC

☐ Normal
☐ Depression ☐ Anxiety ☐ Bipolar disorder
☐ Insomnia ☐ Suicidal ideation ☐ Homicidal ideation
☐ Impaired cognitive function
☐ Other: ____
____

By signing below, I hereby certify all information is true and correct to the best of my knowledge.

____ ________________________
Patient Signature Date/Time

____ ________________________
Legal Representative Signature Date/Time

____
Relationship to Patient if Legal Representative

For Office Use Only:

Ht: _______ Wt: _____ Temp: _____

B/P: _____ Pulse: _____ O2: _____