

LEE FIRE & RESCUE

20 George Bennett Road
Lee, NH 03824
603-659-5411

Original Date:

Dates Revised:

IN CASE OF AN EMERGENCY: 911

HEALTH HISTORY QUESTIONNAIRE

ALL QUESTIONS CONTAINED IN THIS QUESTIONNAIRE ARE STRICTLY CONFIDENTIAL

| | | | |
|--|--------|---|-------------|
| Name (<i>Last, First, M.I.</i>): | | <input type="checkbox"/> M <input type="checkbox"/> F | DOB: |
| Address (<i>Street, Town, State, Zip</i>) | | | |
| Current doctor or choice of hospital: | | Date of last physical exam: | |
| PERSONAL HEALTH HISTORY | | | |
| Past Medical History | | | |
| Year | Reason | Hospital | |
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| | | | |
| Surgeries | | | |
| Year | Reason | Hospital | |
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List your prescribed drugs and over-the-counter drugs, such as vitamins and inhalers

| Name the Drug | Strength | Frequency Taken |
|---------------|----------|-----------------|
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Allergies to medications

| Name the Drug | Reaction You Had |
|---------------|------------------|
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|-------------------------------|--|------------------------------|-----------------------------|
| <i>Personal Safety</i> | Do you live alone? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Do you have frequent falls? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Do you have vision or hearing loss? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Do you have an Advance Directive or Living Will? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

OTHER INFORMATION

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