



# Medical History and Lifestyle Questionnaire

(Please Print)

Last Name	First Name	Today's Date
Date of Birth	Age	Sex M / F

## Family Medical History

Health trends are often present throughout a family. Have any of your family members ever been diagnosed with any of the following conditions? If so please fill in their relationship on the lines below (e.g., mother, father, brother, sister).

High blood pressure \_\_\_\_\_

Cancer \_\_\_\_\_

Type \_\_\_\_\_

Diabetes \_\_\_\_\_

Stroke \_\_\_\_\_

Heart attack before age 65 \_\_\_\_\_

Heart attack 65 or older \_\_\_\_\_

Seizure disorder \_\_\_\_\_

Alcoholism \_\_\_\_\_

Any other conditions \_\_\_\_\_

\_\_\_\_\_

## Personal Medical History

Have you ever been diagnosed with any of the health conditions listed below? Please circle yes (Y) or no (N).

Cancer (list type below)..... Y / N

Heart condition..... Y / N

Diabetes or high blood sugar..... Y / N

High blood cholesterol..... Y / N

Chest pain..... Y / N

Asthma or emphysema..... Y / N

Liver or gallbladder condition..... Y / N

Kidney or urination problem..... Y / N

Stomach problem..... Y / N

Anemia..... Y / N

Others (list below)..... Y / N

\_\_\_\_\_

\_\_\_\_\_

List any allergies:

\_\_\_\_\_

List the name of daily medications:

\_\_\_\_\_

\_\_\_\_\_



## **Lifestyle Habits**

Answer the following questions by circling the appropriate responses:

### **Tobacco Usage**

1. I have never smoked cigarettes, cigars, or a pipe.
2. I quit smoking 10 years or more.
3. I quit smoking less than 10 years ago.
4. I currently smoke less than 10 cigarettes per day.
5. I currently smoke 10 or more cigarettes per day.
6. I smoke a pipe or cigar.
7. I use smokeless tobacco.

### **Alcohol Usage**

One drink is 5 oz. of wine, or 12 oz. of beer, or 1 ½ oz. of 80 proof alcohol. How many drinks do you average in a week?

1. I don't drink.
2. 1 – 7 drinks
3. 8 – 14 drinks
4. 15 – 21 drinks
5. 22 – 30 drinks
6. 31 – 49 drinks
7. 50 or more drinks

### **Exercise**

How many times per week do you engage in a 20 to 30 minute aerobic exercise program (e.g., jogging, fast walking, cycling, swimming, or other active sport)?

1. Four or more times per week.
2. Three times per week.
3. Two times per week.
4. Once per week.
5. No regular exercise program.

## **Stress Management**

1. I rarely feel stressed and I cope with pressure well.
2. I frequently feel stressed; however, I cope with pressure fairly well.
3. I frequently feel stressed and I often have trouble coping with pressure
4. I feel excessively stressed and I usually have difficulty coping with pressure.

### **Seat Belts**

1. I never use seat belts when driving or riding as a passenger in a motor vehicle.
2. I rarely use seat belts when driving or riding as a passenger in a motor vehicle.
3. I sometimes use seat belts when driving or riding as a passenger in a motor vehicle.
4. I almost always use seat belts when driving or riding as a passenger in a motor vehicle.
5. I always use seat belts when driving or riding as a passenger in a motor vehicle.

### **Cholesterol**

1. My usual blood cholesterol level is below 200.
2. My usual blood cholesterol level is below 200 with cholesterol lowering medication.
3. My usual blood cholesterol level is 200-239.
4. My usual blood cholesterol level is 240 or higher.
5. I do not know my blood cholesterol level.

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### **Comments and Suggestions**

Please indicate any comments that you have regarding this wellness screening.

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EIN# 36-3682440

Roy Lacey, DO  
Medical Director

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Voice: 815.806.1966

			Date
Last Name		First Name	
Street Address			Apartment Number
City	State	Zip Code	Telephone Number ( )
Date of Birth	Age	Sex M / F	Hours Fasted

**PARTICIPATION AUTHORIZATION**

I authorize KC Health Horizons, Inc. to perform the tests listed below as part of a wellness screening program. I understand that the test results will be given to me for my information and in no way does KC Health Horizons, Inc. either propose, diagnose, or recommend medical treatment. I further understand that it is my responsibility to contact my personal physician to follow through with these test results.

Signature **X** \_\_\_\_\_  
**DO NOT WRITE BELOW THIS LINE**

<b>Location:</b>			<b>Acct. #22670461 V70.0</b>
<b>Panel A</b> CMP/Lipids	CPT: 80053 - \$23.00 82465 - \$8.00 83718 - \$7.00 84478 - \$7.00		\$ .
<b>Panel B</b> CMP/Lipids/CBC	CPT: 80053 - \$23.00 82465 - \$8.00 83718 - \$7.00 84478 - \$7.00 85025 - \$6.00		\$ .
<b>Panel C</b> CMP/Lipids/CBC/T-4	CPT: 80053 - \$23.00 82465 - \$8.00 83718 - \$7.00 84478 - \$7.00 85025 - \$6.00 84436 - \$6.00		\$ .
<b>PSA</b> Prostate Specific Antigen	CPT: 84153 - \$37.00		\$ .
<b>Menopause Profile</b> FSH and LH	CPT: 83001 - \$18.50 83002 - \$18.50		\$ .
<b>Colocare Test Kit</b>			\$ .
<b>TSH</b>	CPT: 84443                      Test code 899		\$ .
<b>Hemoglobin A1C</b>	CPT: 83036                      Test code 496		\$ .
<b>TOTAL AMOUNT DUE</b>			<b>\$ .</b>
Form of Payment			
CASH	CHECK	OTHER	