

Dennis Patrick Wood, Ph.D., ABPP

Diplomate, American Board of Professional Psychology
PSY 19293

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619-437-0355/Fax: 619-437-0533

PATIENT HEALTH QUESTIONNAIRE

Patient Name _____

Age _____ Date of Birth _____

Referred by _____

Family Physician _____ Phone (____) _____ - _____

Reason for Visit _____

Date of Last Hospitalization _____

Place of Last Hospitalization _____

Reason for Last Hospitalization _____

| Medication | Dosage | Frequency | How Long |
|------------|--------|-----------|----------|
| | | | |
| | | | |
| | | | |
| | | | |

| Family History | Mother | Father | Sister | Brother | Other |
|--------------------|--------|--------|--------|---------|-------|
| Mental Illness | | | | | |
| Diabetes | | | | | |
| Heart Problems | | | | | |
| Hypertension | | | | | |
| Alcohol/Drug Abuse | | | | | |
| Tuberculosis | | | | | |
| Cancer | | | | | |

REMARKS _____

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Patient Health Questionnaire (Continued) Patient Name _____

Have you had or do you presently have problems with any of the following? Please explain.

| SYMPTOMS | YES | NO | COMMENTS |
|--------------------------|------------|-----------|-----------------|
| Medication Allergies | | | |
| AIDS/Immune deficiencies | | | |
| Anemia | | | |
| Black (Spinal) | | | |
| Black/Bloody Stool/Urine | | | |
| Bronchitis | | | |
| Cancer or Tumors | | | |
| Chest Pain | | | |
| Chronic Constipation | | | |
| Chronic Cough | | | |
| Chronic Indigestion | | | |
| Chronic Sinus Infection | | | |
| Convulsions | | | |
| Coughing up blood | | | |
| Diabetes | | | |
| Dizziness | | | |
| Eye/Related Diseases | | | |
| Fainting Spells | | | |
| Frequent Colds | | | |
| Gall Bladder | | | |
| Genitals | | | |
| Hernia | | | |
| High Blood Pressure | | | |
| Jaundice | | | |
| Joints & Lymph Nodes | | | |
| Kidneys | | | |
| Palpitations | | | |
| Paralysis | | | |
| Pneumonia | | | |
| Poor Appetite | | | |
| Recent Weight Gain/Loss | | | |
| Skin | | | |
| Ulcers | | | |
| Other: | | | |