

www.thornhilllnaturopathic.ca

Telephone: 647-799-1078

Toll-free: 1-855-DrBetty (372-3889)

Fax: 647-799-1076

HEALTH ASSESSMENT QUESTIONNAIRE - SENIORS

This is a confidential health assessment questionnaire which is designed to provide insight into your health, family history and lifestyle. The following questions will assist me in providing you with the best possible care and in understanding the factors that may be playing a role in your health.

The questionnaire is <u>not</u> designed to give a medical diagnosis. It will identify current strengths of your health, and any risk factors that might be present.

This questionnaire will take about 30 minutes to complete. It is broken down into seven categories:

- A. General Information
- B. Family Medical History
- C. Medications / Supplements
- D. Nutrition
- E. Exercise
- F. Health Concerns
- G. Review of Physical Symptoms

A. GENERAL INFORMATION

Please circle the response that is correct or fill in the blanks.

Current Date:
Name:
Date of Birth:
Occupation:
Number in household Relationship to you
Current Health Concerns:



www.thornhilllnaturopathic.ca

Telephone: 647-799-1078

Toll-free: 1-855-DrBetty (372-3889)

Fax: 647-799-1076

B. FAMILY MEDICAL HISTORY

Please indicate if any of your immediate family relatives has ever encountered the following health concerns:

Health Concern	Family Relative
Alzheimer's disease	
Arthritis	
Cancer (indicate type)	
Diabetes	
Glaucoma	
Heart disease	
Hypertension	
Osteoporosis	
Stroke	
Other	

C. MEDICATIONS / SUPPLEMENTS Please circle any of the following medications that you are taking? antacids diuretics (water pills) tranquillizers sleeping pills Aspirin / Tylenol laxatives pain relievers Any known allergies or drug sensitivities?

Medications (if more space is needed please attach a separate sheet)

Listing of medications	Dosage	Reason for taking	Duration of use



12A Centre Street Thornhill, Ontario L4J 1E9

www.thornhilllnaturopathic.ca

Telephone: 647-799-1078

Toll-free: 1-855-DrBetty (372-3889)

Duration of use

Vitamins, Supplements, H	lerbal or Ho	meopathic Remedies
Listing of Supplements	Dosage	Reason for taking

NUTRITION									
What would you like to	change abou	t your die	t?						
On average how many m	ieals do you e	eat a day?		2	3	4	5	+ 5	,
What is usually your larg	•	,			t	11	ınch		d
Do you crave any specifi	c foods?:		Yes	N	lo				
If yes, what food:									
Please list what you wou	ld typically h	ave for:							
I lease list what you wou	id typically in								



 $\underline{www.thornhilllnaturopathic.ca}$

Telephone: 647-799-1078

Toll-free: 1-855-DrBetty (372-3889)

Do you monitor your is	YES NO	
Do you add SALT to r	YES NO	
Do you monitor your i	ntake of FIBRE?	YES NO
<u>EXERCISE</u>		
Do you belong to a gyr	m?	YES NO
If yes, how often do yo	ou go?	
HEALTH CONCER		
Please list the injuries, l	RNS hospitalizations, accidents, or r	nedical concerns that yo
		nedical concerns that you Treatments?
Please list the injuries, l had:	nospitalizations, accidents, or r	,
Please list the injuries, l had:	nospitalizations, accidents, or r	,
Please list the injuries, l had:	nospitalizations, accidents, or r	,
Please list the injuries, l had:	nospitalizations, accidents, or r	,
Please list the injuries, l had:	nospitalizations, accidents, or r	,
Please list the injuries, l had:	nospitalizations, accidents, or r	,
Please list the injuries, l had:	nospitalizations, accidents, or r	,
Please list the injuries, l had:	nospitalizations, accidents, or r	,



 $\underline{www.thornhilllnaturopathic.ca}$

Telephone: 647-799-1078

Toll-free: 1-855-DrBetty (372-3889)

Fax: 647-799-1076

G. <u>REVIEW OF PHYSICAL SYMPTOMS</u>

On a scale of I (low) to I0 (high) rate your energy level?
How is your sleep?
How would you describe your breathing?
What is your normal body temperature?

VASCULAR SYSTEM	Concern	Number of	
	check if	years	Comments
	Yes	,	
Hot hands / feet			
Cold hands / feet			
Deep leg pain			
High blood pressure			
Low blood pressure			
Chest pain			
Extremity swelling			
Extremity numbness			
Extremity ulcers			
Angina			
Other circulatory /			
heart concerns?			



 $\underline{www.thornhilllnaturopathic.ca}$

Telephone: 647-799-1078

Toll-free: 1-855-DrBetty (372-3889)

SKIN	Concern	Number of	
	check if	years	Comments
	Yes		
Rashes			
Lumps / cysts			
Dry / cracked skin			
Jaundice (yellowing of			
skin)			
Skin cancer			
Other skin concerns			

HEAD AND MOUTH	Concern check if Yes	Number of years	Comments
Frequent sore throats			
Gum problems			
Hoarseness			
Swollen glands			
Nose bleeds			
Loss of smell			
Dizziness / Vertigo			
Headaches			
Memory problems			
Other problems			



 $\underline{www.thornhilllnaturopathic.ca}$

Telephone: 647-799-1078

Toll-free: 1-855-DrBetty (372-3889)

EYES AND EARS	Concern check if Yes	Number of years	Comments
Eye-sight			
Blurred vision			
Dry eyes			
Eye pain			
Glaucoma			
Cataracts			
Diminished hearing			
Ear aches/infections			
Ringing in the ears			

NERVOUS	Concern	Number of	
SYSTEM	check if	years	Comments
	Yes	_	
Fainting			
Paralysis			
Tingling			
Numbness			
Involuntary movement			
Loss of balance			
Speech problems			
Other nervous system			
concerns			



 $\underline{www.thornhilllnaturopathic.ca}$

Telephone: 647-799-1078

Toll-free: 1-855-DrBetty (372-3889)

DIGESTIVE SYSTEM	Concern check if Yes	Number of years	Comments
Food intolerances /			
allergies			
Trouble swallowing			
Nausea			
Vomiting			
Gas or belching			
Abdominal Bloating			
Heartburn / Reflux			
Constipation			
Diarrhea			
Liver Disease			

RESPIRATORY SYSTEM	Concern check if Yes	Number of years	Comments
Cough			
Spitting up blood			
Wheezing			
Shortness of Breath			
Bronchitis			
Pneumonia			
Tuberculosis			
Smoking			
Other concerns			



Telephone: 647-799-1078 Toll-free: 1-855-DrBetty (372-3889)

Www.thornhilllnaturopathic.ca			
URINARY SYSTEM	Concern	Number of	
	check if	years	Comments
	Yes	-	
Urinary pain, burning			
Difficult urination			
Increased frequency			
Inability to hold urine			
Frequent infections			
Blood in urine			
Kidney Stones			

MUSCLE / BONES	Concern check if Yes	Number of years	Comments
Bones break easily			
Painful joints			
Swollen joints			
Muscle weakness			
Prolonged stiffness			
Low back pain			
Weak, sore knees			
Osteoporosis			
Arthritis			

FEMALE REPRODUCTIVE SYSTEM	Concern check if Yes	Number of years	Comments
Pain during intercourse			
Hot flashes			
Night Sweats			
Frequent fungal / yeast infections			
Other concerns			
MALE REPRODUCTIVE SYSTEM	Concern check if Yes	Number of years	Comments



Telephone: 647-799-1078 Toll-free: 1-855-DrBetty (372-3889)

Fax: 647-799-1076

THEALTH CLINIC www.thornhilllnaturopathic.ca			
Hernias			
Testicular masses			
Testicular pain			
Sexual difficulties			
Prostatitis / BPH			

What are your health goals?
Please list any other relevant health / personal information that you feel is missing.

Thank you.