Thank you for taking the time to complete this questionnaire. Completing your medical history prior to your appointment date will allow our medical professionals to review your past medical history and balance routine testing and recommend any specific testing that may be required given your history. Once you have completed the questionnaire, please forward it to concierge@emc-canada.ca or fax to (416) 645-1784. If further information or assistance is required, please contact us at (416) 418-7078

A) Medical History

1. Do you have a history of any significant medical illnesses such as:

High Blood Pressure	☐ Yes	☐ No	Stroke	☐ Yes	☐ No
Shortness of Breath	☐ Yes	☐ No	Emphysema/COPD	☐ Yes	☐ No
Chest Pain	☐ Yes	☐ No	Arthritis	☐ Yes	☐ No
Palpitations	☐ Yes	☐ No	Cancer(s)	☐ Yes	☐ No
High Cholesterol	☐ Yes	☐ No	Lung Disease	☐ Yes	☐ No
Diabetes	☐ Yes	☐ No	Asthma	☐ Yes	☐ No
Heart Disease	☐ Yes	☐ No	Other Illnesses	☐ Yes	☐ No
			(If yes, please explain below)		

_____

_____

2. Please list any previous and scheduled surgeries (including dates if applicable).

_____

_____

3 a) Are you taking any medication? ☐ Yes ☐ No
Please list all current medications (including name and dosage).

_____

b) Do you have a copy of your updated vaccination history? ☐ Yes ☐ No If yes, please provide.

_____

4. a) When was the date of your last physical? _____
b) When was the date of your last pap (if applicable)? _____
c) When was the date of your last mammogram (if applicable)? _____
d) When was the date of your last colonoscopy? _____
e) When was your last eye exam? _____
f) When was your last hearing test? _____
g) When was the date of your last bloodwork? _____
h) Have you ever had cardiac testing? ☐ Yes ☐ No
i) When was the date of your last bone density test (if applicable)? _____

5. a) Are you sensitive/allergic to any medication? ☐ Yes ☐ No
b) Do you have any food allergies? ☐ Yes ☐ No
If yes, what are they and what happens?

_____

_____

6. Is there a history of unusual levels of anxiety or depression? ☐ Yes ☐ No

2 Champagne Drive (Champagne Centre), Unit A2, Toronto, Ontario M3J 0K2
Tel: 416.418.7078 Fax: 416.645.1784 E: concierge@executivemedical.ca

B) Family History

1. Does/do any of your family members have any of the following medical problems? Choose all that apply.

☐ Heart Disease ☐ Diabetes ☐ Lung Disease/Emphysema/COPD
☐ Cancer ☐ High Cholesterol ☐ High Blood Pressure
☐ Serious Infections ☐ Stroke ☐ Other Illnesses

Please provide details (who, when, etc.):

_____

C) Social History

1. Are you satisfied with your present lifestyle and daily responsibilities? ☐ Yes ☐ No
2. What is your assessment of your present state of physical fitness?

☐ Poor ☐ Below Average ☐ Average ☐ Above Average ☐ Excellent

3. Do you drink Alcohol? If yes, how often? ☐ Yes ☐ No _____
4. Have you ever smoked? ☐ Yes ☐ No
5. Do you smoke now? If yes, how many packs per day? ☐ Yes ☐ No _____
6. Have you ever used recreational drugs? If yes, what type and how often? ☐ Yes ☐ No _____
7. What are the weakest points of your overall health? (e.g. smoking, alcohol, stress, sedentary lifestyle, family history, etc.)

_____

8. Do you have any specific diet that you need to follow?

_____

9. Are there any topics regarding nutrition/your diet you would like to discuss?

_____

D) Follow Up

1. Do you currently have a family physician? ☐ Yes ☐ No
2. If yes, would you like them to be copied on any EMC reports/arranged referrals? ☐ Yes ☐ No

Name and contact information; _____

E) Other Pertinent Medical Information

1. Are there other points that you feel should be included in your history form?

_____

We thank you for completing this questionnaire. Once received, a member of our team will contact you with further instructions. By signing below, you agree that the information presented is accurate to date.

To the best of my knowledge, the above information is correct:

Name: _____ Date: _____

X _____

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