

## Chief Complaints and Health History Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. What is your chief complaint? Please briefly list the ailment(s).


2. When did you first have this/these complaint(s), even in a very mild form?

3. What, if any, diagnosis was made? What diagnostic tests were performed?

4. Did you consult a health professional? If so, what is their specialty?

