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HEALTH QUESTIONNAIRE

Do you live alone? / Vive usted solo?

YES / SI NO / NO

With whom do you live? / Con quien vive? _____

Occupation / Ocupacion: _____

Please describe what you do, how many hours you work? / Indique que hace y cuantas horas trabaja

WHAT IS YOUR CHIEF MEDICAL PROBLEM? / CUAL ES SU PRINCIPAL PROBLEMA MEDICO?

PAST MEDICAL HISTORY / HISTORIA CLINICA

Have you had? (Circle) Ha Padecido De? (Marque)

- Measles / Sarampion Mumps / Paperas Whooping Cough / Tos Ferina Chicken Pox / Varicela
 Scarlet Fever / Fiebre Escarlatina Diphtheria / Difteria Rheumatic Fever / Fiebre Reumatica
 Diabetes Mellitus / Diabetes Mellitus Tuberculosis / Tuberculosis Hepatitis / Hepatitis
 Poliomyelitis / Poliomielitis

Any other illness / Ha padecido de otras enfermedades?

Have you ever been in a hospital? / Ha estado hospitalizado alguna vez? YES / SI NO / NO

Describe hospitalizations (include surgeries, if any _ type of surgery, dates, hospitals & doctors names) / Describa sus hospitalizaciones (incluya operaciones si ha tenido, tipo de operacion, nombres de hospitales y de medicos)

Have you ever been treated for: / Ha estado alguna vez bajo tratamiento debido a:

Mental Illness/ Enfermedades mentales :

YES/ SI NO/ NO

Fractures/ Fracturas:

YES/ SI NO/ NO

Head Injury/ Heridas en la cabeza :

YES/ SI NO/ NO

Are you allergic to anything? _____
Tiene usted alguna alergia?

YES/ SI NO/ NO

Are you allergic to any kind of drugs?
Tiene usted alguna medicina?

Please list the drugs your allergic to _____
Por favor lista droga

Do you smoke cigarettes? How many a day? How many years?/ Fuma cigarillos? Cuántos al día? Por cuántos años?

Do you drink alcoholic beverages? How often?/ Consume bebidas alcohólicas? En qué cantidad?
Do you drink coffee? How much?/ Toma café? Que tanto?

How many hours do you sleep a nightly?/ Cuántas horas duerme de noche?=- _____

Do you have form of regular exercise? What kind of exercise/ Hace usted algún ejercicio regularmente?

Are you taking any vitamins or supplemental medicines?/ Esta tomando vitaminas o medicinas complementarias?

() YES/ SI () NO

LIST ALL CURRENT MEDICATIONS/ LISTA DE TODOS LOS MEDICAMENTOS ACTULES

MEDICATION/ MEDICACION	DOSAGE/ DOSIFICACION	HOW MANY TIMES/ CUÁNTAS VECES		
		ONCE A DAY/ UNA VEZ AL DIA	TWO TIMES A DAY/ DOS VECES AL DIA	THREE TIMES A DAY/ TRES VECES AL DIA

FAMILY HISTORY/ HISTORIA FAMILIAR

Is there history in your family of: (Please check the box)/Han habido en su familia casos de: (Por favor marque la casilla)

- High blood pressure/ Hipertension arterial
 Cancer/ Cancer
 Tuberculosis/ Tuberculosis
 Epilepsy/ Epilepsia
 Heart Attack/ Ataques al Corazon
 Strokes/ Apoplejia
 Kidney disease/ Enfermedades de los riñones
 Diabetes/ Diabetes

	Age/ Edad	Illness/ Otras Enfermedades	Age if deceased/ Edad si Fallecio	Cause of Death/ Causa de Muerte
Father/ Padre				
Mother/ Madre				
Sisters/ Hermanas				
Sisters/ Hermanas				
Brothers/ Hermanos				
Brothers/ Hermanos				
Children/ Hijos				

REVIEW OF SYSTEMS/ ANALISIS DE LAS FUNCIONES ORGANICAS

DIRECTIONS/ INSTRUCCIONES:

If you can answer YES to the question asked, put a circle around the YES/ Si puede contestar SI a la pregunta, marquee SI con un circulo. If you can answer NO to the question asked, put a circle around the NO/ Si puede contestar NO a la pregunta, margque NO con un circulo.

EYES, EARS, NOSE, THROAT/ OJOS, OIDOS, NARIZ, GARGANTA

	YES/SI	NO	
Are you hard of hearing?	YES/SI	NO	Tiene usted dificultad para oir?
Do you have constant noises in you ears?	YES/SI	NO	Oye sonidos constants en sus oidos?
Do you often have a bad running ear?	YES/SI	NO	Le supuran a menudo los oidos?
Have you have at times had bad nose bleeds?	YES/SI	NO	Ha tenido alguna vez hemorragias nasales De seriedad?
Do you suffer from a constantly runny nose?	YES/SI	NO	Sufre Ud. constantemente de flujo nasal
Do your eyes continually blink or water?	YES/SI	NO	Le parpadean o le lloran los ojos continuamente?
Do you often see spots before your eyes?	YES/SI	NO	Ve Ud. manchas delante de los ojos a menudo
Is your vision poor?	YES/SI	NO	Tiente Ud. Maja vista?
Have you ever seen halos around light bulb?	YES/SI	NO	Ha llegado a ver aureolas alrededor de focus de luz?
Have you ever been totally or partially blind?	YES/SI	NO	Ha estado alguna vez total o parcialmente ciego?
Do you often have pain in your eyes?	YES/SI	NO	Sufre Ud. de dolor en los ojos a menudo
Do you suffer from frequent sore throats?	YES/SI	NO	Le dan dolores de garganta con frecuencia?

Do you suffer from frequent earaches?	YES/SI	NO	Le dan dolores de oido con frecuencia?
Do you have ringing in the ears?	YES/SI	NO	Le zumbanilos los oidos?
Do you often feel a choking lump in your throat?	YES/SI	NO	Siente a veces un nudo en la garganta que lo ahoga?
Have you ever had a goiter, or thyroid disease?	YES/SI	NO	Alguna vez ha tenido bocio o alguna enfermedad de la glandula tiroide?

RESPIRATORY/ RESPIRATORIO

	YES/SI	NO	
Do you frequently suffer from heavy chest colds?	YES/SI	NO	Sufre frecuentemente de Fuertes resfriados?
Do you suffer from asthma?	YES/SI	NO	Sufre de asma?
Are you troubled by constant coughing?	YES/SI	NO	Tiene tos constante?
Have you ever coughed up blood?	YES/SI	NO	Ha escupido sangre alguna vez?
Have you ever coughed up pus?	YES/SI	NO	Ha escupido pus algunas vez?
Do you sometimes have severe soaking sweats or fevers?	YES/SI	NO	Le dan sudores Fuertes o fiebres de vez en cuando?
Have you ever had TB (tuberculosis)	YES/SI	NO	Ha padecido de tuberculosis?
Have you ever had a chronic chest condition?	YES/SI	NO	Ha tenido alguna enfermedad cronica del pecho?
Do you often have pain in your chest when taking deep breaths?	YES/SI	NO	A menudo le dan dolores en el pecho cuando respira profundamente?

CARDIOVASCULAR/ CARDIOVASCULAR

	YES/SI	NO	
Have you ever been told you had heart trouble?	YES/SI	NO	Le han dicho que sufre del corazon?
Do you have pains in heart or chest	YES/SI	NO	Siente dolor en el Corazon o en el pecho?
Does exercise or excitement cause you to have pains in the chest?	YES/SI	NO	Cuando hace ejercicio o se emociona, le dan dolores al pecho?
Have you ever awakened at night completely out of breath?	YES/SI	NO	Ha llegado a despertar de noche sin poder respirar?
Are you often bothered by thumping of the heart?	YES/SI	NO	Le dan palpitaciones al corazon a menudo?
Does your heard often race like mad?	YES/SI	NO	Le palpita muy rapido el Corazon frecuentemente?
Has a doctor ever said your blood pressure was too low?	YES/SI	NO	Algun medico le ha dicho que sufre de presion arterial baja?
Has a doctor ever said your blood pressure was too high?	YES/SI	NO	Algun medico le ha dicho que sufre de presion arterial alta?
Do you often have difficulty breathing?	YES/SI	NO	Tiene frecuentemente dificultad para respirar?
Do you often have to stop for breath when walking up stairs?	YES/SI	NO	Cuando sube escaleras, tiene que pararse a menudo para poder respirar?
Do you sleep on more than one pillow?	YES/SI	NO	Duerme con mas de una almohada?
Have you ever had to sit up to catch your breath?	YES/SI	NO	Alguna vez ha tenido que sentarse para poder respirar?
Are your ankles often badly swollen?	YES/SI	NO	Se le hinchan mucho los tobillos?
Has a doctor ever said you had varicose veins?	YES/SI	NO	Algun medico le ha dicho que sufre de varices?
Do you suffer from frequent cramps in your legs?	YES/SI	NO	Le dan calambres frecuentes en las piernas?

GASTROINTESTINAL/ GASTROINTESTINAL

	YES/SI	NO	
Have you had an unexplained loss of weight?	YES/SI	NO	Ha tenido perdida de peso que no se pueda explicar?
Is your appetite always poor?	YES/SI	NO	Generalmente sufre de falta de apetito?
Do you usually feel bloated after eating?	YES/SI	NO	Generalmente se siente como inflado despues de comer?
Do you usually belch a lot?	YES/SI	NO	Eructa Ud. mucho?
Do you usually pass a lot of gas by return	YES/SI	NO	Generalmente pasa mucho gas por el recto?
Do you suffer from indigestion?	YES/SI	NO	Sufre de indigestion?
Do you suffer from frequent loose bowel movements (diarrhea) ?	YES/SI	NO	Le dá soltura del estómago (diarrea) menudo?
Are you constantly constipated?	YES/SI	NO	Está Ud. Constantemente estreñado?

Do you frequently have severe stomach pains?	YES/SI	NO	Le dan Dolores de estómago frecuentemente?
Do you have frequent vomiting?	YES/SI	NO	Vomita mucho?
Have you ever vomited blood?	YES/SI	NO	Alguna vez ha vomitado sangre?
Have you ever passed blood with your bowel movement?	YES/SI	NO	Alguna vez ha pasado sangre con el excremento?
Have you ever had a black colored bowel movement?	YES/SI	NO	Ha pasado excremento de color negro?
Have you ever had a chalky white colored bowel movement?	YES/SI	NO	Alguna vez ha pasado materias fecales blancas como tiza?
Have you had a recent change in your bowel movements?	YES/SI	NO	Ha tenido algún cambio reciente en su excremento?
Have your eyes or skin ever turned yellow?	YES/SI	NO	Alguna vez se le han puesto los ojos o la piel del color amarillo?
Has a doctor ever said you had a stomach ulcer?	YES/SI	NO	Le ha dicho algún medico que tiene una úlcera estromacal?
Do fried foods upset your stomach?	YES/SI	NO	Le causa indigestion la comida frita?
Do you take Roloids or Tums	YES/SI	NO	

GENITOURINARY/ GENITO-URINARIO

	YES/SI	NO	
Do you often urinate frequently?	YES/SI	NO	Orina con frecuencia?
Do you have trouble holding your urine?	YES/SI	NO	Le cuesta trabajo contener la orina?
Have you ever dribbled urine when sneezing?	YES/SI	NO	Alguna vez ha goteado orina mientras estornuda?
Have you ever had blood or gravel in your urine?	YES/SI	NO	Alguna vez ha tenido sangre ó arenilla en la orina?
Have you ever had pus in your urine?	YES/SI	NO	Alguna vez ha tenido pus en la orina?
Have you ever had sugar in your urine?	YES/SI	NO	Alguna vez ha tenido azúcar en la orina?
Have you ever had albumin in your urine?	YES/SI	NO	Alguna vez ha tenido noche para orinar?
Do you often get up at night to urinate? How many times do you get up? _____	YES/SI	NO	Se levanta a menudo de noche para orinar? Cuántas veces se levanta? _____
Do you often have pain or burning on urination?	YES/SI	NO	A menudo le da dolor o ardor cuando orina?
Have you ever had a kidney disease?	YES/SI	NO	Ha tenido alguna enfermedad de los riñones?
Have you ever had a venereal disease?	YES/SI	NO	Ha tenido enfermedades venéreas?
Do you have trouble starting your stream when you urinate?	YES/SI	NO	Le cuesta trabajo comenzar a orinar?
Are your sexual relations painful or difficult for you?	YES/SI	NO	Le son dolorosas o difíciles las relaciones sexuales?
Have you had a recent loss of interest in sexual relations?	YES/SI	NO	Ha perdido el interés en las relaciones sexuales recientemente?

SKIN AND EXTREMITIES/ LA PIEL Y LAS EXTEMIDADES

	YES/SI	NO	
Have you had arthritis or rheumatism?	YES/SI	NO	Ha tenido artritis o reumatismo?
Are your joints often painfully swollen?	YES/SI	NO	Se le hinchan y le duelen las coyunturas frecuentemente?
Do you frequently get severe leg cramps when walking?	YES/SI	NO	Le dan calambres Fuertes en las piernas frecuentemente cuando camina?
Do you have any skin rashes?	YES/SI	NO	Tiene erupciones en la piel?

NEUROMUSCULAR/ NEUROMUSCULAR

	YES/SI	NO	
Do you suffer from frequent severe headaches?	YES/SI	NO	A menudo le dan fuertes dolores de cabeza?
Are you usually nervous?	YES/SI	NO	Generalmente está Ud. nervioso?
Do you often have spells of severe dizziness?	YES/SI	NO	Le dan vertigos frecuentemente?
Do you frequently feel faint?	YES/SI	NO	Se siente como si se fuera a desmayar frecuentemente?

Have you had a loss of strength or feelings in any part of your body?	YES/SI	NO	Ha experimentado pérdida de fuerza o de sensibilidad en alguna parte de su cuerpo?
Was any part of your body ever paralyzed?	YES/SI	NO	Alguna vez se le ha paralizado alguna parte de su cuerpo?
Did you ever have a fit or convulsion (epilepsy)	YES/SI	NO	Le ha dado algún hueso?
Have you ever had any broken bones?	YES/SI	NO	Se siente cansado o rendido constantemente?
Are you constantly tired or exhausted?	YES/SI	NO	A veces se siente profundamente deprimido?
Do you become seriously depressed?	YES/SI	NO	Se siente infeliz y como si nadie lo quisiera?
Do you feel unhappy or unwanted?	YES/SI	NO	A veces se siente profundamente deprimido?
Have you ever considered suicide	YES/SI	NO	Ha considerado suicidarse?

HEMATOLOGY/ HEMATOLOGIA

	YES/SI	NO	
Do you bruise more easily than normal?	YES/SI	NO	Le salen manchas morados cuando se golpea más comunmente de lo que es normal
When you cut yourself do you bleed excessively	YES/SI	NO	Sangra excesivamente cuando se corta?
Do you have history of anemia (low blood count) ?	YES/SI	NO	Ha sufrido de anemia?

ENDOCRINE/ GLANDULAS ENDOCRINAS

	YES/SI	NO	
Do you have a history of having a thyroid trouble?	YES/SI	NO	Ha tenido dificultad con la glandula tiroide?
Were you ever given thyroid tablets to take?	YES/SI	NO	Ha tomado pastillas para la tiroide?
Do you have marked difficulty managing in hot weather?	YES/SI	NO	Pasa trabajos cuando hace mucho color?
Do you have marked difficulty managing in cold weather?	YES/SI	NO	Para trabajos cuando hace mucho frío
Have you ever been told that you have "gland" trouble?	YES/SI	NO	Alguna vez le han dicho que tiene problemas glandulares?
Do you have any lumps or bumps anywhere in your body?	YES/SI	NO	Tiene usted hinchazones o chichones en alguna parte de su cuerpo? (protuberancias).

OBSTETRICS & GYNECOLOGY/ OBSTETRICIA & GINECOLOGIA

	YES/SI	NO	
How old were you when you started me	N/A	N/A	Qué edad tenía cuando comenzó la menstraucion?
Are your periods usually regular?	YES/SI	NO	Son generalmente regulares sus períodos?
Do you have an excessive amount of bleeding with your periods?	YES/SI	NO	Sangra exesivamente durarte sus periodos?
Do you frequently have pain with your periods?	YES/SI	NO	Frecuentemente le dan Dolores con sus períodos?
Have you ever had vaginal bleeding between your menstrual periods?	YES/SI	NO	Ha sangrado por la vagina entre sus períodos?
How many children have you had?	N/A	N/A	Cuántos hijos ha tenido? _____
How many pregnancies have you had?	N/A	N/A	Cuántos veces ha estado encinta? _____
Have you had miscarriage?	YES/SI	NO	Ha tenido algún aborto?
How many times?			Cuántos ? _____
When was your last normal period?	YES/SI	NO	Cuando tuvo su ultimo periodo regular?
Do you suffer from frequent vaginal discharge?	YES/SI	NO	Sufre de flujo vaginal frecuentemente?
Do you have a vaginal burning and itching?	YES/SI	NO	Le dá ardor o comezon vaginal?
Have you ever had a lump in your breasts?	YES/SI	NO	Alguna vez ha tenido unsa protuberancia en los pechos?
Have you ever had a bloody discharge from your nipples?	YES/SI	NO	Ha tenido un flujo sangre del pezón?