



## **HEALTH QUESTIONNAIRE**

Client's Name:		Client's Number:		Frequency Number:	
Physical Characteristics:					
Sex: <i>(circle One)</i> Male / Female		Race:		Complexion:	
Eye Color:		Hair Color:		Hair Style:	
Height:		Weight:		Beard:	
Mustache:		Sideburns:		Balding:	
False Teeth:		Shape of facial features: <i>(Round, Square, Oval etc.:)</i>		Distinguishing Marks: <i>(Scars, Tattoos, Birthmarks, etc.:)</i>	
General Appearance:					

1. Other than English, what language does the client speak and understand? \_\_\_\_\_
2. Does the client understand "spoken" words? YES / NO
3. Does the client understand "written" words? YES / NO
4. Does the client wear glasses or contact lenses? GLASSES / CONTACT LENSES
5. If answer 4 above is noted, to what degree is their vision without corrective lenses?  
For example: Legally Blind, Poor, Fair etc. \_\_\_\_\_
6. Does the client wear a hearing aid? YES / NO If yes, what style? \_\_\_\_\_
7. If answer 6 above is yes, to what degree is the client's hearing without corrective hearing? For example: Deaf, Poor, Fair etc. \_\_\_\_\_
8. Does the client have any known physical handicaps? YES / NO  
If yes, please explain: \_\_\_\_\_
9. Does the client have any known medical conditions? YES / NO  
If yes, please explain: \_\_\_\_\_



## ***HEALTH QUESTIONNAIRE***

---

10. Does the client take daily medication? YES / NO

If yes, please list the drug by name and dosage:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If medication is not taken as prescribe, what if any are the consequences:

\_\_\_\_\_

11. Does the client use ambulatory equipment like a cane, walker etc.? YES / NO

If yes, please explain the purpose and frequency of use: \_\_\_\_\_

12. Is the client currently utilizing oxygen therapy? YES / NO

13. Does the client have a past or present drug problem? YES / NO

If yes, please explain: \_\_\_\_\_

14. Does the client consume alcohol; past or present? YES / NO

If yes, please explain: \_\_\_\_\_

15. Has the client been involved in criminal activity or in trouble with the law? YES / NO

If yes, please explain: \_\_\_\_\_

Please add any additional information you may think is relevant to a search and rescue:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_