Do not write, stamp, punch holes or affix a sticker in this area. To reproduce, follow the printing instructions. Fold only on the dotted lines.

Marking Instructions

Please use a #2 pencil.

Fill in the complete oval as shown...

♠ Direction of Feed ♠

Patient History

Please answer every question

STAFF: Handwritten items must be entered <u>MANUALLY</u>.

	PΙ	LEAS	E PR	INTF	PATII	ENT	S LA	ST N	ΙAΜ	E										
•																				
	P	ATIE	NT'S	FIRS	TNA	ME					IDDLE NITIAL	PAT	IENT	'S D	ATE	OF E	BIRTH	4		
												Mont	th.		Day			V	aar	

SOCIAL HISTORY								
TOBACCO USE			curren	t (every day		рі	revious	i 🔘
What is your smoking	g status?	C	current	(some days	(i)		never	\sim
How many packs per	day do you (or did you) smoke?	less than 1	1 🔘	1-2	2 🔾	more	than 2	
How many years have	e you (or did you) smoke?	less than 5	5	10 15	20	25 30	35	40+
Does anyone in your	household smoke?				yes	\bigcirc	no	
Da varrusa athar tah	acco products?	currently	<i>y</i> 🔾	in th	e past 🤇		never	
	please fold on do	otted line						
		otted linecurrently			e past (never	
ALCOHOL USE Do you consume alco			y 🔾			<u> </u>		
ALCOHOL USE Do you consume alco	hol?	currently	y 🔾		e past 🤇	<u> </u>	never	
ALCOHOL USE Do you consume alco Average number of d OTHER	hol?	currently	y O	in th	e past 🤇	<u> </u>	never	+ 🔿
ALCOHOL USE Do you consume alco Average number of d OTHER	phol? rinks per week (now or in the past)? recreational drug use?	currently 7 or les	y O	in th	e past (8-14 (<u> </u>	never 15+	
ALCOHOL USE Do you consume alco Average number of d OTHER IV drug use or other	rinks per week (now or in the past)? recreational drug use? blood transfusion?	currently 7 or les	y O	in th	e past (8-14 (<u> </u>	never	0
ALCOHOL USE Do you consume alco Average number of d OTHER IV drug use or other of the contract of the contr	rinks per week (now or in the past)? recreational drug use? blood transfusion?	currently 7 or less currently occasionally	y O	in th	e past (8-14 (e past (yes (<u> </u>	never 15+ never	0

FAMILY MEDICAL HISTORY		/ / ke i ^{ge} kt i ^{ge} ktie k
○ ADO PTED	Please indicate which family member(s) have had these illnesses:	Laster Mother Granting to a district of the state of the
	Alcohol Abuse	
─ FAMILY HISTORY UNKNOWN	Anemia	0000000
	Arthritis	0000000
O NO SIGNIFICANT	Asthma	0000000
FAMILY MEDICAL HISTORY	Bipolar Disorder	0000000
	please fold on dotted line	
	Bleeding Disease	

- Mother, Grandmother, or Sister developed Heart Disease before the age of 65.
- Father, Grandfather, or Brother developed Heart Disease before the age of 55.

Bleeding Disease							
Breast Cancer							
Colon Cancer							
COPD / Emphysema							
Depression							
Diabetes Type 1							
Diabetes Type 2 (adult onset)							
High Blood Pressure							
High Cholesterol							
Osteoporosis							
Seizures / Convulsions							
Stroke / CVA of the Brain							
Lung Cancer							
Other Family Medical History (sp	ecify ill	ness &	family	memb	er):		

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♠ Direction of Feed **♠**

Patient History

Please answer every question

STAFF: Handwritten items must be entered <u>MANUALLY</u>.

ST	CURRENT		PAST	CURRENT	
\supset	Alcohol Abuse				High Blood Pressure
\supset	Allergies / Sinu	S			High Cholesterol
\supset	Alzheimers				HIV / AIDS
\supset	Anemia				Hypothyroid (Low Thyroid)
\supset	Anxiety				Irritable Bowel Syndrome (IBS)
\supset	Arthritis				Kidney Stones
\supset	Asthma				Liver Cancer
\geq	Birth Defects				Lung Cancer
\geq	Bleeding Disease	se			Lupus
\geq	Blood Clots			0	Migraines
)	Breast Cancer				Multiple Sclerosis
<u> </u>	Bipolar Disorde		old on dotted line		Osteoporosis
	Cataracts Colon Cancer				Parkinson's Disease
\leq	Colon Cancer Congestive Hea	art Failure			Prostate Cancer Prostate Problems
5	COPD / Emphys				Reflux / GERD
5	Coronary Arter				Rheumatic Fever
5	Crohn's Disease				Rheumatoid Arthritis
	Depression				Seizures / Convulsions
	O Diabetes Type	1			Sexually Transmitted Disease
	Diabetes Type				Sleep Apnea
	Gout	_ (####################################			Stomach Ulcer
	Heart Attack				Stroke / CVA of the Brain
\supset	Hepatitis B				Suicide Attempt
	Hepatitis C				Tuberculosis (TB)
	Other Disease, Cancer or S	Significant Medical II	liness (please speci	ify):	
RGIC	CAL HISTORY	O I HAVE I	surgeries you h HAD NO SURGE		
	pendectomy east Augmentation	_	ctomy (not due to	cancer)	Prostate Shoulder
Bre	east Augmentation east Lumpectomy	HystereInguinal	ctomy (not due to	cancer)	
Bre	east Augmentation	Hystere Inguinal Kidney I Knee	ctomy (not due to I Hernia Removal	cancer)	Shoulder Sinus Thyroid Removal
Bro Bro Bro Ca	east Augmentation east Lumpectomy east Reduction rotid Artery	Hystere Inguinal Kidney I Knee Low Bac	ctomy (not due to I Hernia Removal	cancer)	Shoulder Sinus Thyroid Removal Tonsillectomy
Bro Bro Bro Ca Ca	east Augmentation east Lumpectomy east Reduction rotid Artery taract	Hystere Inguinal Kidney I Knee Low Bac	ctomy (not due to I Hernia Removal ck Disc	cancer)	Shoulder Sinus Thyroid Removal Tonsillectomy Total Hip Replacement
Bro Bro Bro Ca Ca Fo	east Augmentation east Lumpectomy east Reduction rotid Artery taract ot	Hystere Inguinal Kidney I Knee Low Bac Lung Mastect	ctomy (not due to I Hernia Removal ck Disc tomy	cancer)	Shoulder Sinus Thyroid Removal Tonsillectomy Total Hip Replacement Total Knee Replacement
Bre Bre Car	east Augmentation east Lumpectomy east Reduction rotid Artery taract ot	Hystere Inguinal Kidney I Knee Low Bac Lung Mastect	ctomy (not due to I Hernia Removal ck Disc tomy sc	cancer)	Shoulder Sinus Thyroid Removal Tonsillectomy Total Hip Replacement Total Knee Replacement Tubal Ligation
Bro Bro Cal Cal Foo Ga	east Augmentation east Lumpectomy east Reduction rotid Artery taract ot Ilbladder eart Bypass	Hystere Inguinal Kidney I Knee Low Bac Lung Mastect Neck Di:	ctomy (not due to I Hernia Removal ck Disc tomy sc emoval	cancer)	Shoulder Sinus Thyroid Removal Tonsillectomy Total Hip Replacement Total Knee Replacement Tubal Ligation Vasectomy
Bro Bro Cal Cal Foo Ga	east Augmentation east Lumpectomy east Reduction rotid Artery taract ot	Hystere Inguinal Kidney I Knee Low Bac Lung Mastect	ctomy (not due to I Hernia Removal ck Disc tomy sc emoval	cancer)	Shoulder Sinus Thyroid Removal Tonsillectomy Total Hip Replacement Total Knee Replacement Tubal Ligation