Print in Color or Grayscale Only

Using Adobe Acrobat Reader 8.0 or later

Patient / Family History

Please answer every question

	PLEASE PRINT PAT		AIVIL				
Marking Instructions	ALES .						
Please use a # 2 pencil	PLEASE PRINT PAT	ΓΙΕΝΤ'S FIRST N	AME	PATIE	NT'S DATE (OF BIRTH	
Fill in the complete oval as shown							
				Month	Day		Year
SOCIAL HISTORY							
TOBACCO USE							
	ent (every day)	currer	nt (some day	s) 🔘	previous		never
At what age did you begin smoking?	EXAM If you sta	arted	10 20	30 (40 50	60 70	80 0
If you quit smoking, at what age did you	quit? smoking at of 21, you w in the ovals	vould fill	10 20	30 (40 50	60 70	80
How many cigarettes do you currently sn or did you previously smoke per day?	noke	3	10 20	30 (40 50	60 70	80
ALCOHOL USE How often do you use alcohol?	never 🔾		a month C)		-	er week (
About how much do you drink on each o	ccasion?	1-2	3-5 C)	6-9		or more
DRUG USE none	currently use	previ			to discus		
EXERCISE How many times in a usual week do you	exercise?	never (<u> </u>	2 🔾	3-5		6-7
	history of the followi Cancer Diabetes Heart Disease	ng. (Mark	HIV Live Mig	r Disease raine He ures	9	NONE.")	
Asthma or Emphysema I Blood Clotting Disorder	Hepatitis High Blood Pressure High Cholesterol		Stro	ke roid Prol	olems		
Asthma or Emphysema Blood Clotting Disorder Bowel Disease FAMILY MEDICAL HISTORY	Hepatitis High Blood Pressure	has a histor	Stro Thy	oke roid Prok NE	olems		
Asthma or Emphysema Blood Clotting Disorder Bowel Disease FAMILY MEDICAL HISTORY	Hepatitis High Blood Pressure High Cholesterol cate if <u>YOUR FAMILY</u>		Stro Thy NOI	oke roid Prob NE		NONE.")	
Asthma or Emphysema Blood Clotting Disorder Bowel Disease FAMILY MEDICAL HISTORY Please indic (Only include parents, grandpar	Hepatitis High Blood Pressure High Cholesterol cate if <u>YOUR FAMILY</u>		Stro Thy NOI	wing. y. If noneoporosi	e, mark "	NONE.")	
Asthma or Emphysema Blood Clotting Disorder Bowel Disease FAMILY MEDICAL HISTORY Please indic (Only include parents, grandpar	Hepatitis High Blood Pressure High Cholesterol cate if YOUR FAMILY rents, siblings and chil		Stro Thy NOI y of the follo all that appl Oste Stro	wing. y. If noneoporosi	e, mark "	NONE.")	
Asthma or Emphysema Blood Clotting Disorder Bowel Disease FAMILY MEDICAL HISTORY Please indic (Only include parents, grandpar Cancer Diabetes SURGICAL HISTORY Please indic	Hepatitis High Blood Pressure High Cholesterol cate if YOUR FAMILY rents, siblings and chil	dren. Mark	Stro Thy NOI y of the folic all that appl Stro Stro NOI	owing. y. If noneoporosion	e, mark "	NONE.")	
Asthma or Emphysema Blood Clotting Disorder Bowel Disease FAMILY MEDICAL HISTORY Please indic (Only include parents, grandpar Cancer Diabetes SURGICAL HISTORY Please indic (Mark all the Aneurysm Repair	Hepatitis High Blood Pressure High Cholesterol cate if YOUR FAMILY rents, siblings and chil Heart Attack Hypertension cate if YOU have had at apply. If none, mar Gastric Banding Gastric Bypass	dren. Mark	Stro Thy NOI y of the folic all that appl Stro NOI Dillowing sura d NO SURGE Hys: Hys:	owing. y. If noneoporosion is compored to the component to the compone	e, mark "	es Not Re	emoved)
Asthma or Emphysema Blood Clotting Disorder Bowel Disease FAMILY MEDICAL HISTORY Please indic (Only include parents, grandpar Cancer Diabetes Please indic (Mark all the I have had NO SURGERIES Aneurysm Repair Appendectomy	Hepatitis High Blood Pressure High Cholesterol cate if YOUR FAMILY rents, siblings and chil Heart Attack Hypertension cate if YOU have had at apply. If none, mar Gastric Banding	dren. Mark	Stro Thy NOI y of the follo all that appl Stro Stro NOI Dillowing sure d NO SURGE Hys: Hys: Pace	wing. wing. owing. y. If non eoporosi ke NE geries. RIES.") terectom emaker	e, mark " s ny (Ovarie ny (Ovarie	es Not Re	emoved)
Asthma or Emphysema Blood Clotting Disorder Bowel Disease FAMILY MEDICAL HISTORY Please indic (Only include parents, grandpar Cancer Diabetes Please indic (Mark all the I have had NO SURGERIES Aneurysm Repair Appendectomy Bladder Tack	Hepatitis High Blood Pressure High Cholesterol Cate if YOUR FAMILY Tents, siblings and chil Heart Attack Hypertension Cate if YOU have had at apply. If none, man Gastric Banding Gastric Bypass Heart Bypass	dren. Mark	Stro Thy NOI y of the follo all that appl Ostro Stro NOI Dillowing surg d NO SURGE Hys: Hys: Pacc Slee	wing. wing. owing. y. If non eoporosi ke NE geries. RIES.") terectom emaker	<i>e, mark "</i> s	es Not Re	emoved)
Asthma or Emphysema Blood Clotting Disorder Bowel Disease FAMILY MEDICAL HISTORY Please indic (Only include parents, grandpar Cancer Diabetes Please indic (Mark all that) I have had NO SURGERIES Aneurysm Repair Appendectomy Bladder Tack Breast Biopsy D&C	Hepatitis High Blood Pressure High Cholesterol Cate if YOUR FAMILY Tents, siblings and chil Heart Attack Hypertension Cate if YOU have had at apply. If none, man Gastric Banding Gastric Bypass Heart Bypass Heart Stent	dren. Mark	Stro Thy NOI y of the follo all that appl Oste Stro NOI Dillowing sura d NO SURGE Hys: Pace Slee Tub Ton	wing. wing. owing. y. If non eoporosi ke RES.") terectom emaker p Apnea	e, mark " s ny (Ovarie ny (Ovarie Surgery	es Not Re	emoved)