

Marking Instructions

Please use a # 2 pencil
Fill in the complete oval as shown...



PLEASE PRINT PATIENT'S LAST NAME

Name input grid

PLEASE PRINT PATIENT'S FIRST NAME

First name input grid

PATIENT'S DATE OF BIRTH

Date input grid

Month Day Year

SOCIAL HISTORY

TOBACCO USE

What is your smoking status? current (every day) current (some days) previous never

At what age did you begin smoking?

EXAMPLE: If you started smoking at the age of 21, you would fill in the ovals like this: 10 20 30 1 2 3

Age grid for smoking questions

If you quit smoking, at what age did you quit?

How many cigarettes do you currently smoke or did you previously smoke per day?

ALCOHOL USE

How often do you use alcohol? never once a month once a week 2-3 times per week nearly every day

About how much do you drink on each occasion? 1-2 3-5 6-9 10 or more

DRUG USE none currently use previous prefer to discuss with physician

EXERCISE

How many times in a usual week do you exercise? never 1-2 3-5 6-7

YOUR MEDICAL HISTORY

Please indicate if YOU have a history of the following. (Mark all that apply. If none, mark "NONE.")

- Anemia, Anxiety / Depression, Arthritis, Asthma or Emphysema, Blood Clotting Disorder, Bowel Disease, Cancer, Diabetes, Heart Disease, Hepatitis, High Blood Pressure, High Cholesterol, HIV, Liver Disease, Migraine Headaches, Seizures, Stroke, Thyroid Problems, NONE

FAMILY MEDICAL HISTORY

Please indicate if YOUR FAMILY has a history of the following.

(Only include parents, grandparents, siblings and children. Mark all that apply. If none, mark "NONE.")

- Cancer, Diabetes, Heart Attack, Hypertension, Osteoporosis, Stroke, NONE

SURGICAL HISTORY

Please indicate if YOU have had any of the following surgeries.

(Mark all that apply. If none, mark "I have had NO SURGERIES.")

- I have had NO SURGERIES, Aneurysm Repair, Appendectomy, Bladder Tack, Breast Biopsy, D&C, Gallbladder Removed, Gastric Banding, Gastric Bypass, Heart Bypass, Heart Stent, Heart Valve Surgery, Hernia, Ovary(ies) Removed, Hysterectomy (Ovaries Not Removed), Hysterectomy (Ovaries Removed), Pacemaker, Sleep Apnea Surgery, Tubes Tied, Tonsils Removed, Mastectomy

