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Direction of Feed

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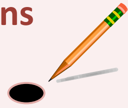
Personal / Family History

Please answer every question

Marking Instructions

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



PLEASE PRINT PATIENT'S LAST NAME

PLEASE PRINT PATIENT'S FIRST NAME

PATIENT'S DATE OF BIRTH

Month | Day | Year

SOCIAL HISTORY

What is your marital status?
single ◯ married ◯ partnered ◯ divorced ◯ widowed ◯

What best describes your current work status?
student ◯ disabled ◯ retired ◯ working full time ◯ working part time ◯ seeking work ◯ unemployed ◯

If female, are you pregnant or is it possible that you may be pregnant?
yes ◯ no ◯

TOBACCO USE

What is your cigarette smoking status?
current (every day) ◯ current (some days) ◯ former smoker ◯ never smoked ◯

If you smoke(d), how many packs of cigarettes do you (or did you) smoke daily?
<½ ◯ ½ ◯ ¾ ◯ 1 ◯ 1 ½ ◯ 2 ◯ 2 ½ ◯ 3+ ◯

How many cans of smokeless / chewing tobacco do you (or did you) use per week?
<½ ◯ ½ ◯ 1 ◯ 1 ½ ◯ 2+ ◯

Are you exposed to secondhand smoke?
yes, outdoors only ◯ yes ◯ no ◯

ALCOHOL USE

How often do you drink alcohol?
Number of times: never ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7+ ◯
Per: week ◯ month ◯ year ◯

(If you marked "never", please skip ahead to Drug Use section)

What type(s) of alcohol do you drink?
beer ◯ wine ◯ liquor ◯

How many drinks do you have per occasion?
1-2 ◯ 3-5 ◯ 6-9 ◯ 10+ ◯

How often do you have more than five drinks per occasion?
never ◯ rarely ◯ occasionally ◯ frequently ◯

ILLICIT DRUG USE

none ◯ current ◯ previous ◯ prefer to discuss with physician ◯

HABITS

Caffeine
Type(s) of caffeine: coffee ◯ tea ◯ soft drinks ◯
Drinks per day: occasionally ◯ none ◯ 1-2 ◯ 3-4 ◯ 5-6 ◯ 7+ ◯

Exercise
Type(s) of exercise: bicycling ◯ running ◯ swimming ◯ walking ◯ aerobics ◯ other ◯
Times per week: occasionally ◯ none ◯ 1-2 ◯ 3-4 ◯ 5-6 ◯ 7+ ◯

How often do you wear a seatbelt?
always ◯ almost always ◯ occasionally ◯ never ◯

Sun Exposure:
occasionally ◯ frequently ◯ rarely ◯

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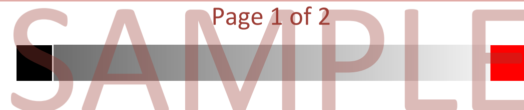

SAMPLE

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Direction of Feed

Personal / Family History

Please answer every question

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PAST MEDICAL HISTORY

Please indicate if YOU have a history of the following:

- ◯ Alcohol Abuse
- ◯ Anemia
- ◯ Anesthetic Complication
- ◯ Anxiety Disorder
- ◯ Arthritis
- ◯ Asthma
- ◯ Autoimmune Problems
- ◯ Birth Defect(s)
- ◯ Bladder Problems
- ◯ Bleeding Disease
- ◯ Blood Clots
- ◯ Blood Transfusion(s)
- ◯ Bowel Disease
- ◯ Breast Cancer
- ◯ Cervical Cancer
- ◯ Colon Cancer
- ◯ Depression
- ◯ Diabetes
- ◯ Growth / Development Disorder
- ◯ Heart Attack
- ◯ Heart Disease
- ◯ Heart Pain / Angina
- ◯ Hepatitis A
- ◯ Hepatitis B
- ◯ Hepatitis C
- ◯ High Blood Pressure
- ◯ High Cholesterol
- ◯ HIV
- ◯ Hives
- ◯ Kidney Disease
- ◯ Liver Cancer
- ◯ Liver Disease
- ◯ Lung Cancer
- ◯ Lung / Respiratory Disease
- ◯ Mental Illness
- ◯ Migraines
- ◯ Osteoporosis
- ◯ Prostate Cancer
- ◯ Rectal Cancer
- ◯ Reflux / GERD
- ◯ Seizures / Convulsions
- ◯ Severe Allergy
- ◯ Sexually Transmitted Disease (STD)
- ◯ Skin Cancer
- ◯ Stroke / CVA of the Brain
- ◯ Suicide Attempt
- ◯ Thyroid Problems
- ◯ Ulcer
- ◯ Other Disease, Cancer, or Significant Medical Illness
- ◯ **NONE of the Above**

FAMILY MEDICAL HISTORY

◯ **Family History UNKNOWN** ◯ **NO SIGNIFICANT FAMILY MEDICAL HISTORY**

Please indicate which family members have had these illnesses:	Father	Mother	Brother	Sister	Son	Daughter
Alcohol Abuse	◯	◯	◯	◯	◯	◯
Anemia	◯	◯	◯	◯	◯	◯
Anesthetic Complication	◯	◯	◯	◯	◯	◯
Arthritis	◯	◯	◯	◯	◯	◯
Asthma	◯	◯	◯	◯	◯	◯
Bladder Problems	◯	◯	◯	◯	◯	◯
Bleeding Disease	◯	◯	◯	◯	◯	◯
Breast Cancer	◯	◯	◯	◯	◯	◯
Colon Cancer	◯	◯	◯	◯	◯	◯
Depression	◯	◯	◯	◯	◯	◯
Diabetes	◯	◯	◯	◯	◯	◯
Heart Disease	◯	◯	◯	◯	◯	◯
High Blood Pressure	◯	◯	◯	◯	◯	◯
High Cholesterol	◯	◯	◯	◯	◯	◯
Kidney Disease	◯	◯	◯	◯	◯	◯
Lung / Respiratory Disease	◯	◯	◯	◯	◯	◯
Migraines	◯	◯	◯	◯	◯	◯
Osteoporosis	◯	◯	◯	◯	◯	◯
Rectal Cancer	◯	◯	◯	◯	◯	◯
Seizures / Convulsions	◯	◯	◯	◯	◯	◯
Severe Allergy	◯	◯	◯	◯	◯	◯
Stroke / CVA of the Brain	◯	◯	◯	◯	◯	◯
Thyroid Problems	◯	◯	◯	◯	◯	◯
Other Cancer	◯	◯	◯	◯	◯	◯

- ◯ Mother, Grandmother, or Sister developed heart disease before the age of 65
- ◯ Father, Grandfather, or Brother developed heart disease before the age of 55

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