Do not write, stamp, punch holes or affix a sticker in this area.

To reproduce, follow the printing instructions.

Direction of Feed

Personal / Family History

Please answer every question

Handwritten items must be manually entered.

Do not fold this form.

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

Marital status: single ○ married ○ divorced ○ widowed ○

Hand dominance: left ○ right ○ ambidextrous (both hands) ○

Have you had the pneumonia shot? no ○ yes ○ If yes, when? _____

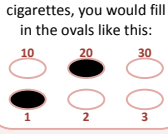
Have you had a colonoscopy? no ○ yes ○ If yes, when? _____

TOBACCO USE

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

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

EXAMPLE
If you smoke(d) 21 cigarettes, you would fill in the ovals like this:



10 ○ 20 ○ 30 ○ 40 ○ 50 ○ 60 ○ 70 ○ 80 ○ 90 ○
1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○

How many cigars or pipes do you smoke per week?

none ○ <1 ○ 1-2 ○ 3-5 ○ 6-9 ○ 10+ ○

How many cans of smokeless / chewing tobacco do you use per week?

none ○ <1/2 ○ 1/2 ○ 1 ○ 2 ○ 3+ ○

ALCOHOL USE

How often do you drink alcohol? never ○ rarely ○ occasionally ○ frequently ○

DRUG USE

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

Do you use any form of marijuana? yes ○ no ○

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Direction of Feed

Personal / Family History

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PAST MEDICAL HISTORY

Please indicate if YOU have a history of the following:

- ◯ Alcohol Abuse
- ◯ Anemia
- ◯ Anesthetic Complication
- ◯ Anxiety Disorder
- ◯ Asthma
- ◯ Autoimmune Problems
- ◯ Birth Defect(s)
- ◯ Bladder Problems
- ◯ Bleeding Disease
- ◯ Blood Clots
- ◯ Blood Transfusion(s)
- ◯ Bowel Disease
- ◯ Breast Cancer
- ◯ Cervical Cancer
- ◯ Colon Cancer
- ◯ COPD (Chronic Obstructive Pulmonary Disease)
- ◯ Depression
- ◯ Diabetes
- ◯ Gout
- ◯ Growth / Development Disorder
- ◯ Previous Heart Evaluation
- ◯ Heart Attack
- ◯ Heart Disease
- ◯ Heart Pain / Angina
- ◯ Heart Problem / Atrial Fibrillation
- ◯ Heart Problem / Cardiac Arrhythmia (Irregular Heartbeat)
- ◯ 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
- ◯ Osteopenia
- ◯ Osteoporosis
- ◯ Osteoarthritis
- ◯ Rheumatoid Arthritis
- ◯ Other Arthritis (please specify): _____
- ◯ Peripheral Neuropathy
- ◯ Prostate Cancer
- ◯ Rectal Cancer
- ◯ Reflux / GERD
- ◯ Seizures / Convulsions
- ◯ Severe Allergy (please specify): _____
- ◯ Sexually Transmitted Disease (STD) (please specify): _____
- ◯ Skin Cancer
- ◯ Stroke / CVA of the Brain
- ◯ Suicide Attempt
- ◯ Thyroid Problems
- ◯ Ulcer
- ◯ Other Disease, Cancer, or Significant Medical Illness (please specify): _____ _____
- ◯ **NO SIGNIFICANT MEDICAL HISTORY**

FAMILY MEDICAL HISTORY

Please indicate which family members have had these illnesses:

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

	Father	Mother	Brother	Sister	Son	Daughter
Alcohol Abuse	◯	◯	◯	◯	◯	◯
Anemia	◯	◯	◯	◯	◯	◯
Anesthetic Complication	◯	◯	◯	◯	◯	◯
Arthritis	◯	◯	◯	◯	◯	◯
Asthma	◯	◯	◯	◯	◯	◯
Bladder Problems	◯	◯	◯	◯	◯	◯
Bleeding Disease	◯	◯	◯	◯	◯	◯
Breast Cancer	◯	◯	◯	◯	◯	◯
Colon Cancer	◯	◯	◯	◯	◯	◯
Depression	◯	◯	◯	◯	◯	◯
Diabetes	◯	◯	◯	◯	◯	◯
Gout	◯	◯	◯	◯	◯	◯
Heart Disease	◯	◯	◯	◯	◯	◯
High Blood Pressure	◯	◯	◯	◯	◯	◯
High Cholesterol	◯	◯	◯	◯	◯	◯
Kidney Disease	◯	◯	◯	◯	◯	◯
Lung / Respiratory Disease	◯	◯	◯	◯	◯	◯
Migraines	◯	◯	◯	◯	◯	◯
Osteopenia	◯	◯	◯	◯	◯	◯
Osteoporosis	◯	◯	◯	◯	◯	◯
Rectal Cancer	◯	◯	◯	◯	◯	◯
Seizures / Convulsions	◯	◯	◯	◯	◯	◯
Severe Allergy (please specify): _____	◯	◯	◯	◯	◯	◯
Stroke / CVA of the Brain	◯	◯	◯	◯	◯	◯
Thyroid Problems	◯	◯	◯	◯	◯	◯
Other Cancer (please specify): _____	◯	◯	◯	◯	◯	◯

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