Print in Color or Grayscale Only	Persor	al / Family	History			
Using Adobe Acrobat Reader 8.0 or later		answer every q				
	PLEA	SE PRINT PATIENT'S				
Marking Instructions						
Please use a # 2 pencil		SE PRINT PATIENT'S	FIRST NAME	PATIE	NT'S DATE OF BIR	TH
ill in the complete oval as shown				Month	Day	Year
				Wonth	Day	1201
Fobacco Use			ourroat	(avanudavi)		'como dava)
How would you describe your cigarette	e smoking?		current	every day) < previous <		some days) (never (
			10	20 30	40 50 60	70 80
At what age did you begin smoking?		EXAMPLE				
		If you started smoking at the age	1	2 3	4 5 6	7 8
If you quit smoking, at what age did yo	nu quit?	of 21, you would fill in the ovals like this:	10			70 80
in you quit smoking, at what age did ye	u quit:					\bigcirc \bigcirc 8
How many cigarettes do you currently	smoke		10	20 30	40 50 60	70 80
or did you previously smoke per day?		3	0	\mathbf{O}	$\mathbf{\hat{\rho}} \mathbf{\hat{\rho}} \mathbf{\hat{\rho}}$	\mathbf{O}
			1	2 3	4 5 6	7 8
How many cigars or pipes do you smol	ke per week?		0 () 3-5 ()		<1 ()	1-2 (10+ (
			3-3 🕓		0-3	10+
How many cans of smokeless / chewin	g tobacco		0 🔘	<	1/2 🔘	1/2 🤇
do you use per week?			1 🔿		2 🔿	3+ (
Are you exposed to passive (second ha	and) smoke?		yes 🔵		no 🔿	
Alcohol Use	(Number o	times) ne	ver 🔵	1 🔿	2 🔿	3 (
How often do you use alcohol?			4 🔿	5 🔿	6 📿	7+_(
		(Per)		week 🔿	month 🔵	year 🤇
(If you marked "never", please skip to	Drug Use section	on)				
What type(s) of alcohol do you drink?			beer 🔵	v	vine 🔵	liquor 🤇
How many drinks do you have per occa	asion?		1-2 🔘	3-5 🔿	6-9 🔵	10+ (
How often do you have more than five	5			never 🔵	C	
drinks per occasion?				rarely 🔘		frequently
						h shusisism (
Drug Use none	curr	ent 🔘	previous 🔵	prefer	to discuss wit	in physician (
Exposure History						
Have you been exposed to any of the f		Please mark al	l that apply. If		"NONE" nes 〇	
hirds 🔿	+ - 1	tile work			nes	
birds O	tex	tile work 🔘 welding 🔵	т			
birds sandblasting asbestos	tex	tile work welding dust	Т	B (Tuberculo		
sandblasting 🦳	tex	welding \bigcirc	T	B (Tuberculo	osis) 🔘	
sandblasting 🦳		welding dust	T coffee 〇	B (Tuberculo NC	osis) 🔘	soft drinks (
sandblasting O asbestos O	-type(s) of ca	welding dust ffeine	coffee asionally	B (Tuberculo NC	osis) O DNE O tea O 0 O	1-2 (
sandblasting O asbestos O		welding dust ffeine	_coffee	B (Tuberculo NC	osis) () DNE () tea ()	
sandblasting O asbestos O	-type(s) of ca -drinks per d	welding dust ffeine occ	_coffee asionally 3-4	B (Tuberculo NC	bsis) () DNE () tea () 0 () 5-6 ()	1-2 (7+ (
sandblasting asbestos Habits Caffeine	-type(s) of ca	welding dust dust dust dust dust dust dust dust	coffee asionally 3-4 bicycling walking	B (Tuberculo NC	bisis) DNE tea 0 5-6 ning	1-2 (
sandblasting asbestos Habits Caffeine	-type(s) of ca -drinks per d -type(s) of ex	welding dust ffeine ay ccc ercise	coffee asionally 3-4 bicycling walking asionally	B (Tuberculo NC	bics 0	1-2 c 7+ c swimming c other c 1-2 c
sandblasting asbestos Habits Caffeine Exercise	-type(s) of ca -drinks per d	welding dust dust dust dust dust dust dust dust	coffee asionally 3-4 bicycling walking	B (Tuberculo NC	bisis) O tea O 0 5-6 bics O 5-6 O	1-2 (7+ (swimming (0ther (1-2 (7+ (
sandblasting asbestos Habits Caffeine	-type(s) of ca -drinks per d -type(s) of ex	welding dust ffeine ay ccc ercise	coffee asionally 3-4 bicycling walking asionally	B (Tuberculo NC	bics 0	1-2 (7+ (swimming (0ther (1-2 (7+ (

Personal / Family History

YOUR Medical History

Please indicate if **YOU** have a history of the following:

- O Alcohol Abuse O Anemia
- Anesthetic Complication
- Anxiety Disorder
- Arthritis
- Asthma

- Attention Deficit Disorder
- **Bladder Problems**
- **Bleeding Disorder**
- **Blood Clots**
- Blood Transfusion(s)
- **Breast Cancer**
- **Bronchiectasis**
- Cervical Cancer
- Colon Cancer
- COPD
- Depression
- Diabetes
- Emphysema
- Fibromyalgia

Heart Attack

- Heart Disease
- > Heart Pain / Angina
- > Hepatitis A
- > Hepatitis B
- > Hepatitis C
- High Blood Pressure
- High Cholesterol
- HIV
- Hives
- Hyperthyroidism
- Hypothyroidism
- Insomnia
- Irritable Bowel Disease
- Kidney Disease
- Liver Disease
- Lung / Respiratory Disease
- Lung Cancer
- Migraines
- O Narcolepsy

- Osteoporosis
- Pneumothorax
- **Prostate Cancer**
- **Pulmonary Fibrosis**
- **Pulmonary Hypertension**
- **Rectal Cancer**
- Reflux / GERD
- Sarcoidosis
- Seizures / Convulsions
- Severe Allergy
- Sleep Apnea
- Skin Cancer
- Stomach Ulcer
- Stroke / CVA of the Brain
- Suicide Attempt
- **Thyroid Problems**

Other Disease, Cancer, or Significant Medical Illness

ONONE of the Above

FAMILY Medical History

Please indicate if **YOUR FAMILY** have a history of the following: (ONLY include parents, grandparents, siblings, and children)

Family History Unknown

- O Alcohol Abuse
- O Anemia
- Anesthetic Complication

(U.S. Patent No. 7,487,102) (U.S. Patent No. 7,941,328)

- Arthritis
- Asthma
- O Bladder Problems
- O Bleeding Disease
- O Blood Clots
- > Breast Cancer
- Bronchiectasis
- ◯ CHF
- Colon Cancer
- O Diabetes

- O Depression
- Emphysema
- Fibromyalgia
- > Heart Attack
- > Heart Disease
- High Blood Pressure
- High Cholesterol
- Insomnia
- Kidney Disease
- Lung Cancer
- Lung / Respiratory Disease

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- O Migraines
- O Narcolepsy
- Osteoporosis

- O Pneumothorax
- Pulmonary Fibrosis
- Pulmonary Hypertension

Stroke / CVA of the Brain

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Rectal Cancer

Severe Allergy

Sleep Apnea

Thyroid Problems

Other Cancer

ONONE of the Above

- Restless Leg Syndrome
- Sarcoidosis Seizures / Convulsions