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

Direction of Feed

Patient History

Please answer every question

To reproduce, follow the printing instructions. 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

SOCIAL HISTORY

Tobacco Use

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

At what age did you begin smoking?

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

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

EXAMPLE

If you started smoking at the age of 21, you would fill in the ovals like this:

10 20 30
1 2 3

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

Are you exposed to secondhand smoke? yes ○ no ○

Alcohol Use

How often do you use alcohol?

Number of times: never ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7+ ○

Per: week ○ month ○ year ○

(If you marked "never", please skip to Illicit 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 ○ occasionally ○ rarely ○ frequently ○

Illicit Drug Use

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

Marijuana Use

smoke ○ injest ○ apply topically ○

Habits

Caffeine

Type(s) of caffeine: coffee ○ tea ○ soft drinks ○

Drinks per day: occasionally ○ 0 ○ 1-2 ○ 3-4 ○ 5-6 ○ 7+ ○

Exercise

Type(s) of exercise: bicycling ○ running ○ swimming ○ walking ○ aerobics ○ other ○

Times per week: occasionally ○ 0 ○ 1-2 ○ 3-4 ○ 5-6 ○ 7+ ○

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

Sun Exposure: occasionally ○ frequently ○ rarely ○

HIV High Risk Exposure?

(HIV Risk Factors: IV drug use, More than one sexual partner, Sex with a prostitute, Unprotected sexual contact, Contact with contaminated injection equipment.)

yes ○
no ○
prefer to discuss with physician ○

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

Direction of Feed

Patient History

Please answer every question

To reproduce, follow the printing instructions. Do not fold this form.

EXPOSURE

Please indicate if you have been exposed to any of the following:

Animal Exposure	dog ◯	bird ◯
	cat ◯	barn ◯
Environmental Exposure	asbestos ◯	industrial / factory ◯
	painting / fumes ◯	hot tubs ◯

YOUR MEDICAL HISTORY

Please indicate if YOU have a history of the following:

- ◯ Alcohol Abuse
- ◯ Anemia
- ◯ Anesthetic Complication
- ◯ Anxiety Disorder
- ◯ Arthritis
- ◯ Asthma
- ◯ Atrial Fibrillation
- ◯ Autoimmune Problems
- ◯ Bleeding Disease
- ◯ Blood Clots
- ◯ Blood Transfusion(s)
- ◯ Bowel Disease
- ◯ Breast Cancer
- ◯ Cervical Cancer
- ◯ Colon Cancer
- ◯ Congestive Heart Failure
- ◯ COPD
- ◯ Depression
- ◯ Diabetes
- ◯ Growth / Development Disorder
- ◯ Heart Attack
- ◯ Heart Pain / Angina
- ◯ Hepatitis B
- ◯ Hepatitis C
- ◯ High Blood Pressure
- ◯ High Cholesterol
- ◯ HIV
- ◯ Kidney Disease
- ◯ Liver Cancer
- ◯ Liver Disease
- ◯ Lung Cancer
- ◯ Mental Illness
- ◯ Migraines
- ◯ Osteoporosis
- ◯ Prostate Cancer
- ◯ Rectal Cancer
- ◯ Reflux / GERD
- ◯ Seizures / Convulsions
- ◯ Skin Cancer
- ◯ Sleep Apnea
- ◯ Stroke / CVA of the Brain
- ◯ Thyroid Problems
- ◯ Tuberculosis
- ◯ Ulcer
- ◯ **NONE of the Above**

FAMILY MEDICAL HISTORY

Please indicate which family members have had these illnesses:

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

	Mother	Father	Sister	Brother	Daughter	Son
Asthma	◯	◯	◯	◯	◯	◯
Bleeding Disease	◯	◯	◯	◯	◯	◯
Breast Cancer	◯	◯	◯	◯	◯	◯
Colon Cancer	◯	◯	◯	◯	◯	◯
Depression	◯	◯	◯	◯	◯	◯
Diabetes	◯	◯	◯	◯	◯	◯
Heart Disease	◯	◯	◯	◯	◯	◯
High Blood Pressure	◯	◯	◯	◯	◯	◯
High Cholesterol	◯	◯	◯	◯	◯	◯
Lung / Respiratory Disease	◯	◯	◯	◯	◯	◯
Sleep Apnea	◯	◯	◯	◯	◯	◯
Stroke / CVA of the Brain	◯	◯	◯	◯	◯	◯
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 ◯