

Family History

Please list ages and current health status (or cause of death) for the following relatives:

*Mother:

*Father:

*Siblings:

*Grandparents (maternal/paternal):

Social History

Do you currently smoke tobacco? Yes No

If yes, how many packs per day?

How long have you smoked?

Are you a former smoker? Yes No If yes, when did you quit?

Do you drink alcohol? Yes No If yes, how often and how much do you drink?

Have you used any illegal drugs? Yes No If yes, when and what type did you use?

Who do you live with?

Do you want us to discuss your medical condition with anyone other than you? Please list names of anyone we may share your medical information with, including physicians, family, guardian, friends?

Name and phone number of closest family member that does not live with you:

Please list all doctors you have seen in the last 10 years:

History of Present Illness

How long have you been experiencing problems?

What caused you to seek medical care?

If you have pain or symptoms, can you describe them? (sharp/dull/mild/severe, etc.)

When do symptoms occur? What makes them better or worse?

Is there more information about the present problem that the physician should know?

Past Medical History

Have you ever been hospitalized or had surgery? When and for what reason? Any complications?

Have you had any recent illness?

Have you ever been told you've had a:

- Heart Attack?
- Stroke?
- Cancer?
- Diabetes?
- Heart Failure?
- Drug Allergies?
- Other?