

SOCIAL HISTORY: Please indicate your tobacco, alcohol and caffeine habits

Smoking History

___ never smoked
___ packs per day for ___ years
___ stopped ___ year(s) ago

Alcohol History

___ never consumed
___ drinks per day/week
___ stopped ___ year(s) ago

Caffeine History

___ never consumed
___ drinks per day
___ stopped ___ year(s) ago

**Medical History: Have you or any blood relative had (mark all that apply)
Please indicate which relative**

	<u>SELF</u>	<u>Relative</u>
Asthma	_____	_____
Cancer	_____	_____
Depression	_____	_____
Lung Disease	_____	_____
Diabetes	_____	_____
Heart Disease	_____	_____
Stroke	_____	_____
Kidney Disease	_____	_____
Mental Illness	_____	_____
Substance Abuse	_____	_____
Other _____	_____	_____

**MEDICAL PROBLEMS: Have you experienced, or do you have?
(Circle Y or N)**

known kidney problems?	Y	N
frequent urinary infections?	Y	N
difficulty with urination?	Y	N
frequent urination at night?	Y	N
known liver problems/hepatitis?	Y	N
nausea or vomiting?	Y	N
constipation or diarrhea?	Y	N
bloody or black bowel movements?	Y	N
frequent heartburn/indigestion?	Y	N
stomach ulcers?	Y	N
shortness of breath?	Y	N

MEDICAL PROBLEMS (CONT'D...)

Have you experienced, or do you experience? (Circle Y or N)

coughing up phlegm or blood?	Y	N
chest pain or tightness?	Y	N
fainting spells or dizziness?	Y	N
thumping or racing heartbeat?	Y	N
sores on legs or feet?	Y	N
known blood clot problems?	Y	N
leg pain or swelling?	Y	N
unusual bleeding or bruising?	Y	N
anemia?	Y	N
thyroid problems?	Y	N
known hormone problems?	Y	N
arthritis or joint problems?	Y	N
muscle cramps or weakness?	Y	N
memory problems?	Y	N
hearing or visual problems?	Y	N
frequent headaches?	Y	N
rash or hives?	Y	N
change in appetite/taste?	Y	N
walking/balancing problems?	Y	N
(FEMALES ONLY)		
irregular menstrual cycle?	Y	N
vaginal discharge?	Y	N
severe cramping?	Y	N
Pregnant?	Y	N
(If you answered yes to this question) _____	How many weeks?	

Patient or Guardian's Name

Date

****PLEASE BE ADVISED THAT THIS FORM IS PART OF
YOUR MEDICAL RECORD AND WILL NOT BE RELEASED TO
ANY PERSON OR FACILITY UNLESS WE ARE GIVEN YOUR
WRITTEN CONSENT****