

Please fill out both sides as completely as you can.

Past Surgical History

Approximate Date	Procedure	Approximate Date	Procedure

Past Social History- please circle and/or fill in blanks

Marital Status: single married divorced widowed have significant other

Work History: currently working retired from _____ homemaker unemployed disabled

Tobacco Use: [] never [] current or prior type of tobacco used _____
 amount: # _____ packs per day for _____ years; other _____ quit date _____
 if currently using: have you ever tried to quit? Y / N would you like information about quitting? Y / N
 what have you used to try to quit? _____

Alcohol or Drug Use: [] never [] current or prior type used: _____
 amount: _____ per day for _____ years quit date _____
 if currently using: have you ever tried to quit? Y / N would you like information about quitting? Y / N

NSAID use (meds like Aleve, Ibuprophen, Motrin, Celebrex, etc): describe how taken: _____ for ____ yrs

Weight: Are you concerned about your weight or would you like information about healthy eating? Y / N
 Would you like to see a dietitian about healthy eating or help gaining or losing weight? Y / N

Family History- please circle and/or fill in blanks

Mother: living, current age ____ yrs deceased at age ____ yrs from _____
 her health problems: _____

Father: living, current age ____ yrs deceased at age ____ yrs from _____
 his health problems: _____

Does anyone in your family have kidney problems? If yes, describe _____

Does anyone in your family have diabetes? If yes, describe _____

Does anyone in your family have high blood pressure? If yes, describe _____

Has anyone in your family ever had a heart attack or stroke? Other heart problems? If yes, describe _____

Date of last Flu Vaccine?

Pneumovax?

Is there anything else that you think we should know about you?