

Patient Name \_\_\_\_\_ Patient DOB \_\_\_\_\_

### SOCIAL HISTORY FORM

Please check all that apply

#### ALCOHOL USE

YES	NO	Former alcohol use?
YES	NO	Do you drink alcohol?
YES	NO	Drinking in moderation? (2 drinks or fewer)
YES	NO	Social Drinker
YES	NO	Heavy Alcohol Consumption

#### TOBACCO USE

YES	NO	Never smoked
YES	NO	Previous history of smoking
YES	NO	Light cigarette smoker
YES	NO	Heavy cigarette smoker
YES	NO	Moderate tobacco use

#### MARITAL STATUS

YES	NO	Currently Married	YES	NO	Divorced
YES	NO	Single	YES	NO	Widowed

#### DIET

YES	NO	Daily coffee consumption
YES	NO	Daily soda consumption
YES	NO	Daily tea consumption
YES	NO	Gluten-free diet
YES	NO	Vegetarian diet

#### WORK HISTORY

YES	NO	Currently on disability
YES	NO	Retired from work
YES	NO	Unemployed
YES	NO	Volunteer work
YES	NO	Working full time
YES	NO	Working part time

#### PHYSICAL ACTIVITY

YES	NO	Physical activity appropriate for age
YES	NO	Sedentary

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FAMILY MEDICAL HISTORY FORM

Please indicate any known conditions for your family members

MOTHER

Deceased (if so, died at what age) \_\_\_\_\_

- \_\_\_\_\_ Diabetes
- \_\_\_\_\_ Heart Disease
- \_\_\_\_\_ Fibromyalgia
- \_\_\_\_\_ Lupus
- \_\_\_\_\_ Obesity
- \_\_\_\_\_ Osteoarthritis
- \_\_\_\_\_ Osteoporosis
- \_\_\_\_\_ Rheumatoid Arthritis
- \_\_\_\_\_ Other

FATHER

Deceased (if so, died at what age) \_\_\_\_\_

- \_\_\_\_\_ Diabetes
- \_\_\_\_\_ Heart Disease
- \_\_\_\_\_ Fibromyalgia
- \_\_\_\_\_ Lupus
- \_\_\_\_\_ Obesity
- \_\_\_\_\_ Osteoarthritis
- \_\_\_\_\_ Osteoporosis
- \_\_\_\_\_ Rheumatoid Arthritis
- \_\_\_\_\_ Systemic HTN
- \_\_\_\_\_ Other

SISTER

- \_\_\_\_\_ Diabetes
- \_\_\_\_\_ Heart Disease
- \_\_\_\_\_ Fibromyalgia
- \_\_\_\_\_ Lupus
- \_\_\_\_\_ Obesity
- \_\_\_\_\_ Osteoarthritis
- \_\_\_\_\_ Osteoporosis
- \_\_\_\_\_ Rheumatoid Arthritis
- \_\_\_\_\_ Other

BROTHER

- \_\_\_\_\_ Diabetes
- \_\_\_\_\_ Heart Disease
- \_\_\_\_\_ Fibromyalgia
- \_\_\_\_\_ Lupus
- \_\_\_\_\_ Obesity
- \_\_\_\_\_ Osteoarthritis
- \_\_\_\_\_ Osteoporosis
- \_\_\_\_\_ Rheumatoid Arthritis
- \_\_\_\_\_ Other

