

## SOCIAL HISTORY

Marital status: married / divorced / single / separated	
Do you live: alone / with spouse / with family	
Hobbies:	
Tobacco history: Do you smoke? <input type="checkbox"/> Cigars <input type="checkbox"/> Cigarettes No /Yes How many packs a day _____ for _____ years Do you chew or dip? No /Yes	
Alcohol history: Do you drink? No /Yes How much in a week?	
Do you drink coffee? No /Yes How much a day?	
Do you drink sodas with caffeine? No /Yes How many a day?	

## REVIEW OF SYSTEMS

<b>Please draw a circle around any symptoms or conditions in this section which you have had or now have. If your symptoms or conditions are not on the list, please write in:</b>	
<b>Eye &amp; Vision-</b> loss or change or vision; eye pain or redness; excessive watering; double vision; other than listed:	
<b>Ear &amp; Hearing-</b> loss of hearing; buzzing or noises in ears; ear infection or drainage; other than listed:	
<b>Nose &amp; Throat-</b> hoarseness; excessive sneezing; blocked nasal passages; nosebleeds; frequent running nose; difficulty swallowing; other than listed:	
<b>Respiratory-</b> wheezing; large quantity or sputum; blood in sputum; excessive cough; shortness of breath with little exercise or at rest; night sweats; pain with breathing; other than listed:	
<b>Cardiovascular-</b> chest pain; abnormal or fast heartbeat; abnormally low blood pressure; calf cramps with walking; excessive sensitivity of fingers and toes to cold; varicose veins; frequent and marked swelling of ankles and feet; other than listed:	
<b>Gastrointestinal-</b> digestion difficulties; frequent nausea or vomiting; bloody vomitus; lack or loss of appetite; stomach or abdominal pain; frequent belching; frequent loose bowl movements; recurring diarrhea; blood in the stool, hemorrhoids or piles, gallbladder trouble; frequent or severe constipation; other than listed:	
<b>Genitourinary-</b> urinary incontinence or dribbling; bloody urine; increased frequency of urination; chronic urgency of urination; difficulty starting or passing urine; painful urination; narrowing of urinary stream; flank pain; excessive urine; other than listed:	