

## PAST FAMILY & SOCIAL HISTORY

SOCIAL HISTORY									
Alcohol:	Never	Social	Frequent	Type:	Quit?/When?				
Drug Use:	Never	Occasional	Frequent	Past	Type:				
Exercise Level:	None			Occasional	Moderate	Heavy			
Marital Status:	Single		Married	Divorced	Widowed				
Tobacco Use:	Never	Current Smoker _____ pks/ day				Quit?/When?			
Military Status:	Active			Inactive	None				
<b>IMMEDIATE FAMILY MEDICAL HISTORY</b> (Please specify relation) (Please circle all that apply)									
High Blood Pressure	YES	NO	Diabetes	YES	NO	Heart Trouble	YES	NO	
Respiratory Problems	YES	NO	Stroke	YES	NO	Cancer	YES	NO	
Bleeding Problems	YES	NO	HIV/ AIDS	YES	NO	Other Problems	YES	NO	
<b>PATIENT MEDICAL HISTORY</b> (Please circle YES or NO for the following)									
CONSTITUTIONAL					GENITOURINARY- M/F				
Good General Health	YES	NO	Blood in Urine	YES	NO				
Fever	YES	NO	Problems Urinating	YES	NO				
Night Sweats	YES	NO	Testicle Pain	YES	NO				
Fatigue	YES	NO	MUSCULOSKELETAL						
EYES/EARS/NOSE/THROAT			Muscle Pains/ Cramps			YES	NO		
Hearing Loss	YES	NO	Joint Swelling			YES	NO		
Ringin in Ears	YES	NO	Explain Where:						
CARDIOVASCULAR			Joint Pain			YES	NO		
Excessive Sensitivity of Fingers to	YES	NO	Explain Where:						
Frequent Swelling of Digits	YES	NO	Muscle Atrophy			YES	NO		
Blanching of Fingertips	YES	NO	INTEGUMENTARY (Skin Breast)						
RESPIRATORY			Change in Moles/ Lump			YES	NO		
Sleep Apnea	YES	NO	Change in Hair/ Nails			YES	NO		
Shortness of Breath	YES	NO	Rashes/ Itching			YES	NO		
Cough	YES	NO	Breast Discharge			YES	NO		
Coughing up Blood	YES	NO	NEUROLOGICAL						
GASTROINTESTINAL			Frequent Headaches			YES	NO		
Nausea/ Vomiting	YES	NO	Paralysis			YES	NO		
Abdominal Pain	YES	NO	Numbness/ Tingling			YES	NO		
Rectal Bleeding	YES	NO	Stroke			YES	NO		
HEMATOLIC			Weakness			YES	NO		
Bruise Easily	YES	NO	PSYCHIATRIC						
Slow to Heal	YES	NO	Trouble Sleeping			YES	NO		
Enlarged Glands	YES	NO	Confusion			YES	NO		
Blood Problems	YES	NO	Memory Loss			YES	NO		
<b>LIVER</b>									
Enlargement	YES	NO							
Cirrhosis	YES	NO							