

NAME: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

PERSONAL MEDICAL HISTORY: (EXAMPLE: HYPERTENSION, DIABETES)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CURRENT MEDICATIONS: (PLEASE LIST ALL MEDICATIONS, WITH DOSING (MG) AND TIMES TAKEN DAILY)

MEDICATION	DOSE (MG)	TIMES DAILY

**PLEASE BRING YOUR MEDICATIONS IN THE ORIGINAL BOTTLES TO EVERY VISIT.**

ANY INJURIES': \_\_\_\_\_

HOSPITALIZATIONS/SURGIES: \_\_\_\_\_

TREATMENTS: \_\_\_\_\_

**FAMILY HISTORY:** PLEASE INDICATE ANY MEDICAL PROBLEMS FOR FAMILY MEMBERS BELOW.

(EXAMPLE: HEART PROBLEMS, DIABETES, HIGH BLOOD PRESSURE)

MOTHER: \_\_\_\_\_

FATHER: \_\_\_\_\_

BROTHERS: \_\_\_\_\_

SISTERS: \_\_\_\_\_

**SOCIAL HISTORY:** MARRIED SINGLE WIDOWED DIVORCED

**SECONDHAND SMOKE EXPOSURE:** YES NO

**SMOKING STATUS:** NEVER CURRENT FORMER

TYPE: CIGARETTES/CHEW PACKS/DAY \_\_\_\_\_ HOW LONG \_\_\_\_\_

QUIT DATE (if applicable) \_\_\_\_\_ DATE OF LAST QUIT ATTEMPT: \_\_\_\_\_

METHOD USED ON ATTEMPT \_\_\_\_\_ READINESS TO QUIT \_\_\_\_\_

**ALCOHOL USE:** YES NO

**USE OF ILLEGAL DRUGS:** YES NEVER IN THE PAST ONLY

**CAFFEINE USE:** YES NO

**EMPLOYMENT:** EMPLOYED UNEMPLOYED SELF EMPLOYED RETIRED STUDENT