

FAMILY HISTORY

Do you have a **family** history of:

Your Father	Alive _____	Cause of Death
	Dead _____	
Your Mother	Alive _____	
	Dead _____	
Your Brothers and Sisters	No. Living _____	
Total # _____	No. Dead _____	

No Yes

- 1. Heart Disease _____
- 2. High Blood Pressure _____
- 3. Diabetes _____
- 4. Stroke _____
- 5. Cancer (location) _____
- 6. Thyroid Disease _____
- 7. Other Disease _____

Your children: Number living: _____ List any serious diseases in children: _____

Number deceased children: _____ Cause: _____

SOCIAL HISTORY

Occupation: _____ () Retired () Disabled () Unemployed
 Marital Status: () Single () Married () Separated () Divorced () Widowed
 Your personal habits: Do you?

	No	Yes	Please explain
Regularly exercise (3-4 times/wk)	_____	_____	_____
Wear auto seat belts (90% of time)	_____	_____	_____
Use illegal drugs	_____	_____	_____
Use alcohol	_____	_____	_____
Were you ever a heavy drinker	_____	_____	_____
Smoke	_____	_____	_____
If ever, when did you stop	_____	_____	_____
Hobbies	_____	_____	_____

REVIEW OF YOUR BODY SYSTEMS: Do you have now or have you had any of the following within the past year?

	No	Yes	Present now	In past year
1. Fever.....	()	()	()	()
2. Weight loss.....	()	()	()	()
3. Vision problems.....	()	()	()	()
4. Hearing problems.....	()	()	()	()
5. Chest pain.....	()	()	()	()
6. Arm pain.....	()	()	()	()
7. Jaw pain.....	()	()	()	()
8. Irregular heart beat.....	()	()	()	()
9. Stomach pain.....	()	()	()	()
10. Heartburn.....	()	()	()	()
11. Diarrhea.....	()	()	()	()
12. Constipation.....	()	()	()	()
13. Rectal bleeding.....	()	()	()	()
14. Black tarry stools.....	()	()	()	()
15. Urinary frequency/burning.....	()	()	()	()
16. Blood in urine.....	()	()	()	()
17. Swollen or painful joints.....	()	()	()	()
18. Yellow skin.....	()	()	()	()
19. Skin lesions or ulcers.....	()	()	()	()
20. Neck swelling.....	()	()	()	()
21. Shortness of breath.....	()	()	()	()
22. Coughing blood.....	()	()	()	()
23. Blackouts.....	()	()	()	()
24. Anxiety.....	()	()	()	()
25. Depression.....	()	()	()	()
26. Bleeding problems.....	()	()	()	()