



Name: _____

Date: _____

Are You Pregnant?

Yes

No

Please check all that apply.

Social History

Alcohol

Heavy

Moderate

Never

Occasional

Caffeine

Occasional

Daily

Children

Yes

How Many: _____

No

Education

Elementary

High School

College

Employed

No

Full Time

Part Time

Student

Retired

Exercise

<3X Per Week

>3X Per Week

Marital Status

Single

Married

Divorced

Widowed

Tobacco Use

Current Every Day Smoker

Current Some Days Smoker

Former Smoker

Never Smoked

Personal History

Alcoholism

Alzheimer's Disease

Aneurysm

Anxiety/Depression

Arthritis

Asthma

ADD/ADHD

Bleeding Disorder

Blood Clots

Blood Transfusion

Cancer

Cysts

Chronic Pain

Congestive Heart Failure

COPD

Diabetes

Dizziness

Epilepsy

Fibromyalgia

GERD

Gout

Hard of Hearing

Headaches

Heart Attack

Heart Disease

High Blood Pressure

High Cholesterol

Kidney Disease

Liver Disease

Migrane

Osteoarthritis

Osteoporosis

Parkinson's

Raynaud's Disease

Rheumatoid Arthritis



- | | | | |
|--------------|--------------------------|------------------------|--------------------------|
| Seizures | <input type="checkbox"/> | Native Hawaiian | <input type="checkbox"/> |
| Stroke | <input type="checkbox"/> | Other Pacific Islander | <input type="checkbox"/> |
| Tuberculosis | <input type="checkbox"/> | White | <input type="checkbox"/> |
| Ulcers | <input type="checkbox"/> | Multi-Racial | <input type="checkbox"/> |
| Other: _____ | <input type="checkbox"/> | Other: _____ | <input type="checkbox"/> |
| None | <input type="checkbox"/> | Choose Not to Answer | <input type="checkbox"/> |

Family History

- Alcoholism
- Alzheimer’s Disease
- Aneurysm
- Arthritis
- Asthma
- Blood Clots
- Cancer
- Deep Vein Thrombosis (DVT)
- Diabetes
- Heart Disease
- High Cholesterol
- High Blood Pressure
- Problem with Anesthesia
- Seizures
- Stroke
- Varicose Veins
- Other: _____

Information about language, race & ethnicity are required by the federal government in order to comply with the Department of Health & Human Services HITECH act which allows for the meaningful use of health care information.

Preferred Language

- English
- Spanish
- Other: _____

Race & Ethnicity

- Hispanic/Latino
- Non-Hispanic/Non-Latino
- Choose Not to Answer

Are You:

- American Indian/Alaska Native
- Asian
- Black or African American