Do not write, stamp, punch holes or affix a sticker in this area.

Direction of Feed

Personal / Family History

Please answer every question

To reproduce, follow the printing instructions. Do not fold this form.

PLEASE PRINT PATIENT'S LAST NAME

PLEASE PRINT PATIENT'S FIRST NAME

PATIENT'S DATE OF BIRTH Month Day Year

Marking Instructions

Please use a #2 pencil.
Fill in the complete oval as shown...

TOBACCO USE

Are you exposed to secondhand smoke? ○ no ○ minimally ○ frequently ○ daily

Please mark any tobacco products that you use: ○ pipe ○ cigars ○ snuff ○ chewing tobacco

What is your current cigarette smoking status? ○ never smoked ○ former smoker ○ currently smoke (some days) ○ currently smoke (every day)

If you never smoked or if you are a former smoker, please skip ahead to **Alcohol Use [the next]** *section.*

How many packs per day do you smoke?

○ <1 ○ 1 ○ 1.5 ○ 2 ○ 2.5 ○ 3 ○ 3.5 ○ 4 ○ 4+

How many years have you been smoking?

○ <1 ○ 1 ○ 2 ○ 3 ○ 4
○ 5 ○ 6 ○ 7 ○ 8 ○ 9
○ 10 ○ 11 ○ 12 ○ 13 ○ 14
○ 15 ○ 16 ○ 17 ○ 18 ○ 19
○ 20 ○ 21 ○ 22 ○ 23 ○ 24
○ 25 ○ 26 ○ 27 ○ 28 ○ 29
○ 30 ○ 30+

Do any of these statements apply to you? ○ I would like to quit ○ I have never tried to quit ○ I have tried unsuccessfully in the past to quit

ALCOHOL USE

How often do you drink alcohol? ○ never ○ occasionally ○ moderately ○ heavily ○ quit recently ○ quit a long time ago

Type(s): ○ beer ○ wine ○ liquor

DRUG USE

Do you use any of the following? ○ marijuana ○ crack cocaine ○ downers ○ heroin ○ IV drugs ○ cocaine ○ uppers

If yes, how often? ○ never ○ socially only ○ daily ○ weekly ○ monthly ○ yearly ○ quit recently ○ quit a long time ago ○ prefer to discuss with provider

CAFFEINE USE

Do you consume any of these? ○ tea ○ coffee ○ carbonated beverages

Servings per day:

○ none ○ 1 ○ 2 ○ 3 ○ 4
○ 5 ○ 6 ○ 7 ○ 8 ○ 8+

OTC MEDICATIONS

Do you use nonsteroidal anti-inflammatories? (Motrin, Ibuprofen, Aleve) ○ never ○ rarely ○ frequently

PRIMARY PHARMACY

Personal / Family History

Please answer every question

PAST MEDICAL HISTORY

Please indicate if YOU have a history of the following:

- ◯ Alcohol Abuse
- ◯ Anemia
- ◯ Anesthetic Complication
- ◯ Anxiety Disorder
- ◯ Arthritis
- ◯ Asthma
- ◯ Autoimmune Problems
- ◯ Birth Defect(s)
- ◯ Bladder Problems
- ◯ Bleeding Disease
- ◯ Blood Clots
- ◯ Blood Transfusion(s)
- ◯ Bowel Disease
- ◯ Breast Cancer
- ◯ Cervical Cancer
- ◯ Colon Cancer
- ◯ Depression
- ◯ Diabetes
- ◯ Growth / Development Disorder
- ◯ Heart Attack
- ◯ Heart Disease
- ◯ Heart Pain / Angina
- ◯ Hepatitis A
- ◯ Hepatitis B
- ◯ Hepatitis C
- ◯ High Blood Pressure
- ◯ High Cholesterol
- ◯ HIV
- ◯ Hives
- ◯ Kidney Disease
- ◯ Liver Cancer
- ◯ Liver Disease
- ◯ Lung Cancer
- ◯ Lung / Respiratory Disease
- ◯ Sleep Apnea
- ◯ Mental Illness
- ◯ Migraines
- ◯ Osteoporosis
- ◯ Prostate Cancer
- ◯ Rectal Cancer
- ◯ Reflux / GERD
- ◯ Seizures / Convulsions
- ◯ Severe Allergy
- ◯ Sexually Transmitted Disease (STD)
- ◯ Skin Cancer
- ◯ Stroke / CVA of the Brain
- ◯ Suicide Attempt
- ◯ Thyroid Problems
- ◯ Ulcer
- ◯ Other Disease, Cancer, or Significant Medical Illness
- ◯ **NONE of the Above**

FAMILY MEDICAL HISTORY

◯ **Family History UNKNOWN** ◯ **NO SIGNIFICANT FAMILY MEDICAL HISTORY**

Please indicate which family members have had these illnesses:	Father	Mother	Brother	Sister	Son	Daughter
Alcohol Abuse	◯	◯	◯	◯	◯	◯
Anemia	◯	◯	◯	◯	◯	◯
Anesthetic Complication	◯	◯	◯	◯	◯	◯
Arthritis	◯	◯	◯	◯	◯	◯
Asthma	◯	◯	◯	◯	◯	◯
Bladder Problems	◯	◯	◯	◯	◯	◯
Bleeding Disease	◯	◯	◯	◯	◯	◯
Breast Cancer	◯	◯	◯	◯	◯	◯
Colon Cancer	◯	◯	◯	◯	◯	◯
Depression	◯	◯	◯	◯	◯	◯
Diabetes	◯	◯	◯	◯	◯	◯
Heart Disease	◯	◯	◯	◯	◯	◯
High Blood Pressure	◯	◯	◯	◯	◯	◯
High Cholesterol	◯	◯	◯	◯	◯	◯
Kidney Disease	◯	◯	◯	◯	◯	◯
Lung / Respiratory Disease	◯	◯	◯	◯	◯	◯
Migraines	◯	◯	◯	◯	◯	◯
Osteoporosis	◯	◯	◯	◯	◯	◯
Rectal Cancer	◯	◯	◯	◯	◯	◯
Seizures / Convulsions	◯	◯	◯	◯	◯	◯
Severe Allergy	◯	◯	◯	◯	◯	◯
Stroke / CVA of the Brain	◯	◯	◯	◯	◯	◯
Thyroid Problems	◯	◯	◯	◯	◯	◯
Other Cancer	◯	◯	◯	◯	◯	◯

◯ Mother, Grandmother, or Sister developed heart disease before the age of 65

◯ Father, Grandfather, or Brother developed heart disease before the age of 55