

**FAMILY, SOCIAL, MEDICAL,  
AND SURGICAL HISTORY**

**PATIENT INFORMATION:**

Male  Female

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

SSN: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

**FAMILY HISTORY:** (immediate family history of illness, living and deceased)

M=mother, F=father, Sis=sister, B=brother, D=daughter, S=son, A=aunt, U=uncle, O=other.

MGM =maternal grandmother, PGM=paternal grandmother, MGF=maternal grandfather, PGF= paternal grandfather

Alcoholism \_\_\_\_\_

Heart Disease \_\_\_\_\_

Hepatitis \_\_\_\_\_

High Blood Pressure \_\_\_\_\_

Arthritis \_\_\_\_\_

High Cholesterol \_\_\_\_\_

Inflammatory Bowel Disease \_\_\_\_\_

Kidney Problems \_\_\_\_\_

(Crohn's/Ulcerative Colitis)

Clotting Disorder \_\_\_\_\_

Bleeding Disorder \_\_\_\_\_

Diabetes \_\_\_\_\_

Osteoporosis \_\_\_\_\_

Stroke/CVA \_\_\_\_\_

Seizure Disorder \_\_\_\_\_

Thyroid Disorder \_\_\_\_\_

Cancer (specify type) \_\_\_\_\_

Other (specify) \_\_\_\_\_

**SOCIAL HISTORY:**

Marital Status:  married  single  divorced  widowed Occupation: \_\_\_\_\_

Tobacco/nicotine history (mark and circle all that apply):

current smoker started when? \_\_\_\_\_  former smoker quit when? \_\_\_\_\_  never smoked

cigars cigarettes e-cig smokeless/chew quantity/day \_\_\_\_\_

Alcohol (circle): Y/N beer wine hard liquor drinks/day \_\_\_\_\_

Cannabis (marijuana) in any form: Y/N quantity/day \_\_\_\_\_

Street drugs:  never  current  past use (circle): meth cocaine illicit Rx heroin

**PAST MEDICAL HISTORY:** (please circle if you have or had the following conditions):

Alcoholism Diabetes High Blood Pressure Osteoporosis

Bleeding Disorder High Cholesterol Kidney Disorder Asthma

Anxiety GERD Seizure Disorder Hepatitis

Arthritis Stroke Depression Migraines

Thyroid Disorder Eating Disorder (anorexia, bulimia)

Cancer (specify): \_\_\_\_\_

Other (specify): \_\_\_\_\_

**SURGICAL HISTORY:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_