

SOCIAL HISTORY

(Please circle appropriate listings)

Tobacco Use	Alcohol Use	Drug Use	I currently live in
Never	None	Marijuana	a house
Quit Smoking	Socially	Cocaine	an apartment
When _____	Daily	Amphetamines	a mobile home
Chewing tobacco	Heavy	Other _____	a retirement facility
Pipe			Marital Status
Cigars	Have you ever been treated for	Have you ever been treated for	Single
Cigarettes	alcoholism?	drug addiction?	Married
Packs per day _____	No Yes	No Yes	Divorced
	If yes, When? _____	If yes, When? _____	Widowed
			Children _____

EDUCATION

(Please circle highest level)

Grade School High School College Post Graduate

OCCUPATIONAL HISTORY

Employer _____ **Job Title** _____

Have you altered your job as a result of the problem that brought you here today? Yes No

If yes, please explain: _____

If you are currently off work as a result of the problem, how long have you been off work? _____

If appropriate, please circle the physical demand level of work your normal job involves:

	Sedentary (desk work)	Light	Medium	Medium Heavy	Heavy	Very Heavy
Occasional	(0-33%)...	10 lbs.	20 lbs.	50 lbs.	75 lbs.	100 lbs.
Frequent	(34-66%)...	Negligible	10 lbs.	25 lbs.	35 lbs.	50 lbs.
Constant	(67-100%)...	Negligible	Negligible	10 lbs.	15 lbs.	20 lbs.

FAMILY HISTORY

Heart Disease Diabetes Stroke Cancer Other _____

Father - living / deceased age _____ cause of death _____

Mother - living / deceased age _____ cause of death _____

Brothers: number alive _____ number deceased _____ age _____ cause of death _____

Sisters: number alive _____ number deceased _____ age _____ cause of death _____

EMERGENCY CONTACT PERSON OUTSIDE OF YOUR RESIDENCE

Name _____ Relationship to patient _____

Work phone: _____ Home phone: _____ Cell phone: _____

Information Provided By: _____

Signature of Patient or Family Member

Relationship to Patient

Date