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**Social history**

Occupation \_\_\_\_\_ Marital Status:  Married  Single  Divorced  Widowed

How many children do you have? \_\_\_\_\_ If a child, do you live at home with  Both Parents  Mother  Father

Do you smoke or use tobacco?  YES  NO ( Cigarettes  Cigars  Pipe  Chewing Tobacco  Vapor)

If yes, How much? (Packs per day) \_\_\_\_\_ for \_\_\_\_\_ years.

Did you quit smoking?  YES  NO If yes, when? \_\_\_\_\_

Do you use alcohol?  YES  NO How much and how frequently? \_\_\_\_\_

List any street drugs you have used: \_\_\_\_\_

Do you have any drug or alcohol addictions?  YES  NO

Do you have any reason to believe you are at risk for HIV, AIDS, or HEPATITIS?  YES  NO

**REVIEW OF SYSTEMS:**

(Please check any of the following that you are **CURRENTLY EXPERIENCING** or **BEING TREATED FOR**)

**Constitutional**

Recent weight change  Fever/chills  Fatigue

**Eyes:**

- Double vision
- Loss of vision
- Eye pain
- Eye disease or injury
- Wear contacts or glasses

**ENT:**

- Hearing loss
- Ringing in ears
- Dizziness
- Ear pain
- Ear drainage

- Nose drainage
- Nasal congestion
- Facial pain
- Headaches
- Sore mouth/throat

- Swallowing pain
- Voice change
- Snoring
- Hoarseness
- Poor sleep

**Cardiovascular/Pulmonary**

- Chest pain
- Poor circulation
- Shortness of breath
- Heart attack
- Leg pain during walking
- Wheezing
- Irregular heartbeat
- Coughing up blood
- Unusual shortness of breath while climbing stairs
- Feeling faint/lightheaded

**Gastrointestinal**

- Stomach ulcers
- Blood in stool
- Nausea/vomiting
- Trouble swallowing
- Diarrhea
- Abdominal pain
- Constipation

**Genitourinary**

- Blood in urine
- Pain during urination
- Difficulty making urine
- Kidney stones

**Musculoskeletal**

- Neck/spine injury
- Neck or back disorder
- Arthritis

**Neurological**

- Stroke
- Loss of sensation
- Mini stroke (TIA)
- Paralysis of an arm or leg
- Temporary loss of vision or speech control
- Facial paralysis

**Skin**

- Skin cancers
- Dermatitis/eczema

**Psychiatric**

- Clinical depression
- Hallucinations
- Anxiety
- Other psychiatric disorder (list) \_\_\_\_\_
- Schizophrenia

**Infectious Disease**

- Hepatitis
- Herpes
- HIV/AIDS
- Syphilis
- Mononucleosis
- Gonorrhea
- TB
- Chlamydia

**Have you ever had the following?**

- Measles
- Mumps
- Chicken pox