

Social History:

Level of education: _____ Number in household: _____
Children: Live with mother and father__ mother__ father__ grandparent(s)__ older sibling__
Adults: Occupation _____
Hazards associated with occupation: _____

Habits:

Smoke: Yes__ No__ Quit__ What year did you start? _____ When did you quit? _____
How much do you smoke and how often? _____ Interested in quitting: _____
Exercise: Type and how often: _____
Caffeine intake: What type(s) and how often? _____
Alcohol: Type and how often: _____
Recreational drug use: Type and how often: _____
Sexually active: Yes__ No__ Contraception: _____

Family History:

Father: past diseases or current medical conditions

Heart disease__ High blood pressure__ Stroke__ Cancer__ Glaucoma__
Diabetes__ Epilepsy__ Blood disorder__ Kidney disease__ Thyroid disease__ Arthritis__
Muscular disorder__ Depression__ Mental illness__

Mother: past diseases or current medical conditions

Heart disease__ High blood pressure__ Stroke__ Cancer__ Glaucoma__
Diabetes__ Epilepsy__ Blood disorder__ Kidney disease__ Thyroid disease__ Arthritis__
Muscular disorder__ Depression__ Mental illness__

Father's Parents: past or current medical conditions

Heart disease__ High blood pressure__ Stroke__ Cancer__ Glaucoma__
Diabetes__ Epilepsy__ Blood disorder__ Kidney disease__ Thyroid disease__ Arthritis__
Muscular disorder__ Depression__ Mental illness__

Mother's Parents: past or current medical conditions

Heart disease__ High blood pressure__ Stroke__ Cancer__ Glaucoma__
Diabetes__ Epilepsy__ Blood disorder__ Kidney disease__ Thyroid disease__ Arthritis__
Muscular disorder__ Depression__ Mental illness__

Siblings: past or current medical conditions

Heart disease__ High blood pressure__ Stroke__ Cancer__ Glaucoma__
Diabetes__ Epilepsy__ Blood disorder__ Kidney disease__ Thyroid disease__ Arthritis__
Muscular disorder__ Depression__ Mental illness__

Hereditary Diseases? _____