



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

**SURGERIES (Operations)**

| What Operation? | Approximately When? |
|-----------------|---------------------|
|                 |                     |
|                 |                     |
|                 |                     |

**FAMILY HISTORY**

List Health Problems

|                       |  |
|-----------------------|--|
| Mother                |  |
| Father                |  |
| Sisters (How many? )  |  |
| Brothers (How many? ) |  |
| Children (How Many? ) |  |
| Maternal Grandmother  |  |
| Maternal Grandfather  |  |
| Paternal Grandmother  |  |
| Paternal Grandfather  |  |

**SOCIAL HISTORY**

|  |       |                        |
|--|-------|------------------------|
| Tobacco Use?   | Y / N | What Type?             |
| How long?  |       | When did you last use? |
| Alcohol Use?   | Y / N | What type?             |
| How much?  |       | How Often?             |
| Exercise?  | Y / N | What type?             |
| How long?  |       | How Often?             |
| Have you used any drugs not prescribed by a physician? Y / N |       |                        |
| If yes - What type?  |       |                        |
| Who else lives in your household?                            |       |                        |

**OCCUPATION**

|                                 |                            |
|---------------------------------|----------------------------|
| What do you do now?             | How long have you done it? |
| What have you done the longest? | How long did you do it?    |

**IMMUNIZATIONS** (Check any immunizations you had and give the approximate dates if known)

|             |               |            |             |
|-------------|---------------|------------|-------------|
| Influenza   | Pneumovax     | Zostavax   | Tetanus     |
| Hepatitis A | Hepatitis B   | MMR        | Gardasil    |
| Polio       | Meningococcus | Hemophilus | Other _____ |

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date