## Patient Name:

| Please List and Supply the Dates of:  |  |   |   |  |                |
|---|--|---|---|--|----------------|
| Operations:   |  |   |   |  |                |
| II  |  |   |   |  |                |
| Hospitalizations other than for surgery:  |  |   |   |  |                |
| Immunization history - have you had:  | Pneum  | ovex imm  | nization?  No   | D Ves Wh   | en?            |
| Hepatitis B? 		No 		Yes When?   |  | munization  |   |  | en?            |
| Other? Other?   |  |   |   |  |                |
| When was your last:   |  |   |   |  |                |
| Pap smear? Brest exa  | ım?  |   | Stool ch  | eck for blood  | 1?             |
| Mammogram? Choleste   |  |   |   | Exam?  |                |
|   |  |   |   |  |                |
| Family History  |  |   |   |  |                |
| Has any member of your family (including parents,   | grandpar   | ents, and s   | iblings) ever had t   | he following   | ?              |
|   |  |   |   |  | Approx. age    |
| Illness   | Which  | family me   | mbers?  |  | when diagnosed |
| Cancer (describe type)  |  |   |   |  |                |
| Hypertension (high blood pressure)  |  |   |   |  |                |
| Heart disease   |  |   |   |  |                |
| Diabetes  |  |   |   |  |                |
| Strokes   |  |   |   |  |                |
| Mental disease (anxiety, depression, etc.)  |  |   |   |  |                |
| Drug or alcohol addiction   |  |   |   |  |                |
| Glaucoma  |  |   |   |  |                |
| Bleeding diseases   |  |   |   |  |                |
| Other:  |  |   |   |  |                |
|   |  |   |   |  |                |
|   |  |   |   |  |                |
| Medications (Prescription, Over-the-Counter, V<br>Drug Name Dose  | itamins  |   | tc.)<br>Drug Name   |  | Dose           |
|   | /itamins   |   | -   |  | Dose           |
|   | /itamins   |   | -   |  | Dose           |
|   | /itamins   |   | -   |  | Dose           |
|   | /itamins   |   | -   |  | Dose           |
|   | /itamins   |   | -   |  | Dose           |
| Drug Name Dose  |  |   | Drug Name   |  |                |
| Drug Name Dose  |  |   | Drug Name   |  | Dose           |
| Drug Name Dose Dose Prevention Do you wear seatbelts?   | □ No   | □ Yes<br>□ Yes  | Drug Name<br>If no, why not?  |  |                |
| Drug Name Dose Dose Prevention Do you wear seatbelts? Do you wear a bike helmet?  | □ No<br>□ No<br>□ No   | □ Yes<br>□ Yes  | Drug Name<br>If no, why not?<br>□ N/A<br>If yes, how man  | y packs per d  |                |
| Drug Name Dose Dose Prevention Do you wear seatbelts? Do you wear a bike helmet? Do you smoke?  | □ No<br>□ No<br>□ No<br>□ No   | □ Yes<br>□ Yes<br>□ Yes   | Drug Name<br>If no, why not?<br>□ N/A<br>If yes, how man<br>If yes, how muc   | y packs per o<br>h per week?                                       | lay?           |
| Drug Name Dose<br>Drug Name Dose<br>Prevention<br>Do you wear seatbelts?<br>Do you wear a bike helmet?<br>Do you smoke?<br>Do you drink alcoholic beverages?  | □ No<br>□ No<br>□ No<br>□ No   | □ Yes<br>□ Yes<br>□ Yes<br>□ Yes<br>□ Yes   | Drug Name<br>If no, why not?<br>□ N/A<br>If yes, how man<br>If yes, how muc<br>If yes, how man  | y packs per o<br>h per week?<br>y cups per da                      | lay?           |
| Drug Name Dose<br>Drug Name Dose<br>Prevention<br>Do you wear seatbelts?<br>Do you wear a bike helmet?<br>Do you wear a bike helmet?<br>Do you smoke?<br>Do you drink alcoholic beverages?<br>Do you drink coffee?  | □ No<br>□ No<br>□ No<br>□ No<br>□ No<br>□ No   | □ Yes<br>□ Yes<br>□ Yes<br>□ Yes<br>□ Yes   | Drug Name<br>If no, why not?<br>□ N/A<br>If yes, how man<br>If yes, how muc<br>If yes, how man  | y packs per o<br>h per week?<br>y cups per da                      | lay?           |
| Drug Name Dose<br>Drug Name Dose<br>Prevention<br>Do you wear seatbelts?<br>Do you wear a bike helmet?<br>Do you wear a bike helmet?<br>Do you drink alcoholic beverages?<br>Do you drink coffee?<br>Do you drink tea?  | □ No<br>□ No<br>□ No<br>□ No<br>□ No<br>□ No   | <ul> <li>☐ Yes</li> </ul>   | Drug Name<br>If no, why not?<br>□ N/A<br>If yes, how man<br>If yes, how man<br>If yes, how man<br>If yes, how man   | y packs per o<br>h per week?<br>y cups per da                      | lay?           |
| Drug Name Dose<br>Drug Name Dose<br>Prevention<br>Do you wear seatbelts?<br>Do you wear a bike helmet?<br>Do you wear a bike helmet?<br>Do you wear a bike helmet?<br>Do you drink alcoholic beverages?<br>Do you drink alcoholic beverages?<br>Do you drink coffee?<br>Do you drink tea?<br>If there is a gun in your home, is it out of   | No  | <ul> <li>☐ Yes</li> </ul>   | Drug Name<br>If no, why not?<br>N/A<br>If yes, how man<br>If yes, how man<br>If yes, how man<br>If yes, how man<br>If yes, how man                              | y packs per o<br>h per week?<br>y cups per da<br>y cups per da     | lay?           |
| Drug Name     Dose       Prevention   | No  | <ul> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> </ul>  | Drug Name<br>If no, why not?<br>N/A<br>If yes, how man<br>If yes, how man<br>If yes, how man<br>If yes, how man<br>If yes, how man                              | y packs per o<br>h per week?<br>y cups per da<br>y cups per da     | lay?           |
| Drug Name Dose<br>Drug Name Dose<br>Prevention<br>Do you wear seatbelts?<br>Do you wear a bike helmet?<br>Do you wear a bike helmet?<br>Do you wear a bike helmet?<br>Do you drink alcoholic beverages?<br>Do you drink alcoholic beverages?<br>Do you drink coffee?<br>Do you drink tea?<br>If there is a gun in your home, is it out of<br>children's reach and unloaded?<br>Do you use drugs? (marijuana, cocaine, crack, etc.)  | □ No<br>□ No<br>□ No<br>□ No<br>□ No<br>□ No<br>□ No   | <ul> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> </ul>  | Drug Name<br>If no, why not?<br>□ N/A<br>If yes, how man<br>If yes, how man<br>If yes, how man<br>□ N/A<br>If yes, explain:                                     | y packs per d<br>h per week?<br>y cups per da<br>y cups per da     | lay?           |
| Drug Name     Dose       Prevention     Do you wear seatbelts?       Do you wear a bike helmet?     Do you smoke?       Do you drink alcoholic beverages?     Do you drink coffee?       Do you drink tea?     If there is a gun in your home, is it out of children's reach and unloaded?       Do you use drugs? (marijuana, cocaine, crack, etc.)     Have you ever engaged in any activity which has  | □ No<br>□ No<br>□ No<br>□ No<br>□ No<br>□ No<br>□ No   | <ul> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> </ul>   | Drug Name<br>If no, why not?<br>□ N/A<br>If yes, how man<br>If yes, how man<br>If yes, how man<br>□ N/A<br>If yes, explain:                                     | y packs per d<br>h per week?<br>y cups per da<br>y cups per da     | lay?           |
| Drug Name     Dose       Prevention     Do you wear seatbelts?       Do you wear a bike helmet?     Do you wear a bike helmet?       Do you wear?     Do you drink alcoholic beverages?       Do you drink coffee?     Do you drink tea?       If there is a gun in your home, is it out of children's reach and unloaded?     Do you use drugs? (marijuana, cocaine, crack, etc.)       Have you ever engaged in any activity which has put you at risk of getting AIDS?   | □ No<br>□ No<br>□ No<br>□ No<br>□ No<br>□ No<br>□ No<br>□ No   | <ul> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> </ul>   | Drug Name<br>If no, why not?<br>N/A<br>If yes, how man<br>If yes, how man<br>If yes, how man<br>N/A<br>If yes, explain:<br>If yes, explain:                     | iy packs per d<br>ih per week?<br>iy cups per d<br>iy cups per d   | lay?           |
| Drug Name Dose<br>Drug Name Dose<br>Prevention<br>Do you wear seatbelts?<br>Do you wear a bike helmet?<br>Do you wear a bike helmet?<br>Do you wear a bike helmet?<br>Do you drink alcoholic beverages?<br>Do you drink alcoholic beverages?<br>Do you drink coffee?<br>Do you drink tea?<br>If there is a gun in your home, is it out of<br>children's reach and unloaded?<br>Do you use drugs? (marijuana, cocaine, crack, etc.)<br>Have you ever engaged in any activity which has<br>put you at risk of getting AIDS?<br>Have you ever worked with chemicals, paints,   | □ No<br>□ No<br>□ No<br>□ No<br>□ No<br>□ No<br>□ No<br>□ No   | <ul> <li>Yes</li> </ul>   | Drug Name<br>If no, why not?<br>N/A<br>If yes, how man<br>If yes, how man<br>If yes, how man<br>N/A<br>If yes, explain:<br>If yes, explain:                     | iy packs per d<br>ih per week?<br>iy cups per d<br>iy cups per d   | lay?           |
| Drug Name       Dose         Prevention       Do you wear seatbelts?         Do you wear a bike helmet?       Do you wear a bike helmet?         Do you wear?       Do you drink alcoholic beverages?         Do you drink coffee?       Do you drink tea?         If there is a gun in your home, is it out of children's reach and unloaded?       Do you use drugs? (marijuana, cocaine, crack, etc.)         Have you ever engaged in any activity which has put you at risk of getting AIDS?       Have you ever worked with chemicals, paints, asbestos, or other hazardous material?         Are you in a relationship in which you have been       Dose   | □ No<br>□ No<br>□ No<br>□ No<br>□ No<br>□ No<br>□ No<br>□ No   | <ul> <li>Yes</li> </ul>   | Drug Name<br>If no, why not?<br>N/A<br>If yes, how man<br>If yes, how man<br>If yes, how man<br>N/A<br>If yes, explain:<br>If yes, explain:                     | iy packs per d<br>ih per week?<br>iy cups per d<br>iy cups per d   | lay?           |
| Drug Name Dose<br>Drug Name Dose<br>Prevention<br>Do you wear seatbelts?<br>Do you wear a bike helmet?<br>Do you drink alcoholic beverages?<br>Do you drink alcoholic beverages?<br>Do you drink coffee?<br>Do you drink coffee?<br>Do you drink tea?<br>If there is a gun in your home, is it out of<br>children's reach and unloaded?<br>Do you use drugs? (marijuana, cocaine, crack, etc.)<br>Have you ever engaged in any activity which has<br>put you at risk of getting AIDS?<br>Have you ever worked with chemicals, paints,<br>asbestos, or other hazardous material?   | □ No<br>□ No<br>□ No<br>□ No<br>□ No<br>□ No<br>□ No<br>□ No   | <ul> <li>Yes</li> </ul>   | Drug Name<br>If no, why not?<br>N/A<br>If yes, how man<br>If yes, how man<br>If yes, how man<br>N/A<br>If yes, explain:<br>If yes, explain:                     | iy packs per d<br>ih per week?<br>iy cups per d<br>iy cups per d   | lay?           |
| Drug Name       Dose         Prevention       Do you wear seatbelts?         Do you wear a bike helmet?       Do you wear a bike helmet?         Do you smoke?       Do you drink alcoholic beverages?         Do you drink coffee?       Do you drink tea?         If there is a gun in your home, is it out of children's reach and unloaded?       Do you use drugs? (marijuana, cocaine, crack, etc.)         Have you ever engaged in any activity which has put you at risk of getting AIDS?       Have you ever worked with chemicals, paints, asbestos, or other hazardous material?         Are you in a relationship in which you have been physically hurt(e.g., slapped, kicked, punched, bruised) by your partner?       Dose  | □ No<br>□ No<br>□ No<br>□ No<br>□ No<br>□ No<br>□ No<br>□ No   | <ul> <li>Yes</li> </ul>  | Drug Name<br>If no, why not?<br>N/A<br>If yes, how man<br>If yes, how man<br>If yes, how man<br>N/A<br>If yes, explain:<br>If yes, explain:                     | iy packs per d<br>ih per week?<br>iy cups per d<br>iy cups per d   | lay?           |
| Drug Name       Dose         Prevention       Do you wear seatbelts?         Do you wear a bike helmet?       Do you wear a bike helmet?         Do you smoke?       Do you drink alcoholic beverages?         Do you drink coffee?       Do you drink tea?         If there is a gun in your home, is it out of children's reach and unloaded?       Do you use drugs? (marijuana, cocaine, crack, etc.)         Have you ever engaged in any activity which has put you at risk of getting AIDS?       Have you ever worked with chemicals, paints, asbestos, or other hazardous material?         Are you in a relationship in which you have been physically hurt(e.g., slapped, kicked, punched,       Dose  | □ No<br>□ No<br>□ No<br>□ No<br>□ No<br>□ No<br>□ No<br>□ No   | <ul> <li>Yes</li> </ul>  | Drug Name<br>If no, why not?<br>N/A<br>If yes, how man<br>If yes, how man<br>If yes, how man<br>N/A<br>If yes, explain:<br>If yes, explain:                     | iy packs per d<br>ih per week?<br>iy cups per d<br>iy cups per d   | lay?           |
| Drug Name       Dose         Prevention       Do you wear seatbelts?         Do you wear a bike helmet?       Do you wear a bike helmet?         Do you smoke?       Do you drink alcoholic beverages?         Do you drink coffee?       Do you drink tea?         If there is a gun in your home, is it out of children's reach and unloaded?       Do you use drugs? (marijuana, cocaine, crack, etc.)         Have you ever engaged in any activity which has put you at risk of getting AIDS?       Have you ever worked with chemicals, paints, asbestos, or other hazardous material?         Are you in a relationship in which you have been physically hurt(e.g., slapped, kicked, punched, bruised) by your partner?       Do you ever feel afraid of your partner?  | <ul> <li>□ No</li> </ul>               | <ul> <li>Yes</li> </ul> | Drug Name<br>If no, why not?<br>N/A<br>If yes, how man<br>If yes, how man<br>If yes, how man<br>N/A<br>If yes, explain:<br>If yes, explain:                     | iy packs per d<br>ih per week?<br>iy cups per d<br>iy cups per d   | lay?           |
| Drug Name       Dose         Prevention       Do you wear seatbelts?         Do you wear a bike helmet?       Do you wear a bike helmet?         Do you wear?       Do you drink alcoholic beverages?         Do you drink coffee?       Do you drink tea?         If there is a gun in your home, is it out of children's reach and unloaded?       Do you use drugs? (marijuana, cocaine, crack, etc.)         Have you ever engaged in any activity which has put you at risk of getting AIDS?       Have you ever worked with chemicals, paints, asbestos, or other hazardous material?         Are you in a relationship in which you have been physically hurt(e.g., slapped, kicked, punched, bruised) by your partner?       Do you ever feel afraid of your partner?         Do you have a "living will"?       Dose | <ul> <li>□ No</li> </ul> | <ul> <li>Yes</li> </ul>   | Drug Name<br>If no, why not?<br>N/A<br>If yes, how man<br>If yes, how man<br>If yes, how man<br>N/A<br>If yes, explain:<br>If yes, explain:<br>If yes, explain: | iy packs per d<br>ih per week?<br>iy cups per da<br>iy cups per da | lay?           |