



## SOCIAL HISTORY

*Do you smoke?*

- Never smoked
- Current every-day smoker
- Current someday smoker
- Former smoker (Quit \_\_\_\_years ago)

*How much do you currently smoke or smoked in the past?*

- 1 Pack per day
- 1 Pack per week
- 2+ Packs per day
- 2+ Packs per day

*How long did you smoke: \_\_\_\_\_ years?*

*Chewing Tobacco?*                      **YES**   **NO**

*E-Cigarettes or Vape?*                **YES**   **NO**

*Occupation:* \_\_\_\_\_

*Marital status:* \_\_\_\_\_

*Live (alone) or (with others)*

*Number of children:* \_\_\_\_\_

*Stress level:*              Low              Medium              High              Comments:

*Diet:*                      Regular              Vegetarian              Vegan              Comments:

*Exercise level:*              Occasional              Moderate              Heavy              Comments:

- Basic Activities of Daily Life
- Walking
- Bicycling
- Yoga
- Extensive workout regimen

*Alcohol intake:*              Occasional              Moderate              Heavy  
                                         Beer              Wine              Liquor              Comments:

*Alcohol-years of use:* \_\_\_\_\_

*Caffeine intake:*              Occasional              Moderate              Heavy  
                                         Coffee              Soda              Tea              How many cups daily? \_\_\_\_\_

*Currently using any Illicit drugs:* \_\_\_\_\_

*Formerly used illicit drugs:* \_\_\_\_\_

*If so when:* \_\_\_\_\_              *How long:* \_\_\_\_\_

**PAST SURGICAL HISTORY**

- Ablations
- Pacemaker
- Defibrillator
- Implantable Loop Monitor
- Stents (Coronary or Peripheral)
- Coronary Artery Bypass Grafts
- IVC filters (Blood Clots)
- Carotid Endarterectomy
- Valve Repair (Mitral / Aortic / Mechanical)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**PERSONAL MEDICAL HISTORY**

<b>Disease</b>	<b>Current</b>	<b>Past</b>	<b>Comments</b>
Atrial Fibrillation			
Aflutter / SVT			
Vascular disease (prior MI)			
Stroke / TIA			
Deep Vein Thrombosis / Pulmonary Embolism			
High Blood Pressure			
Diabetes			
Depression / Anxiety / Bipolar / Suicidal			
High Cholesterol			
Alcoholism / Heavy drinking			
Drug Abuse / Dependency			
Renal Disease			
Liver Disease			
Prior major bleeding			
Migraines			
Dizziness / Fainting / Passing out			
Meniere's Disease			
Hematologic Disease			

**REVIEW OF SYSTEMS** CHECK ALL THAT APPLY

Name: \_\_\_\_\_

CONSTITUTION		CARDIOVASCULAR		SKIN	
	Activity change		Chest pain		Color change
	Appetite change		Leg swelling		Pallor
	Chills		Palpitations		Rash
	Diaphoresis	<b>Gastrointestinal</b>			Wound
	Fatigue		Abdominal distention	<b>ALLERGY/IMMUNO</b>	
	Fever		Abdominal pain		Environmental allergies
	Unexpected weight change		Anal bleeding		Food allergies
<b>HEAD, EAR, NOSE &amp;</b>			Blood in stool		Immunocompromised
	Congestion		Constipation	<b>NEUROLOGICAL</b>	
	Dental problem		Diarrhea		Dizziness
	Drooling		Nausea		Facial asymmetry
	Ear discharge		Rectal pain		Headaches
	Ear pain		Vomiting		Light-headedness
	Facial swelling	<b>ENDOCRINE</b>			Numbness
	Hearing loss		Cold intolerance		Seizures
	Mouth sores		Heat intolerance		Speech difficulty
	Nosebleeds		Polydipsia		Syncope
	Postnasal drip		Polyphagia		Tremors
	Rhinorrhea		Polyuria		Weakness
	Sinus pressure	<b>Genitourinary</b>		<b>HEMATOLOGIC</b>	
	Sneezing		Difficulty urinating		Adenopathy
	Sore throat		Dysuria		Bruises/bleeds easily
	Tinnitus		Enuresis	<b>PSYCHIATRIC</b>	
	Trouble swallowing		Flank pain		Agitation
	Voice change		Frequency		Behavior problem
<b>EYES</b>			Genital sore		Confusion
	Eye discharge		Hematuria		Decreased concentration
	Eye itching		Penile discharge		Dysphoric mood
	Eye pain		Penile pain		Hallucinations
	Eye redness		Penile swelling		Hyperactive
	Photophobia		Scrotal swelling		Nervous/anxious
	Visual disturbance		Testicular pain		Self-injury
<b>RESPIRATORY</b>			Urgency		Sleep disturbance
	Apnea		Urine decreased		Suicidal ideas
	Chest tightness	<b>MUSCULAR</b>			
	Choking		Arthralgias		
	Cough		Back pain		
	Shortness of breath		Gait problems		
	Stridor		Joint swelling		
	Wheezing		Myalgias		
			Neck pain / Stiffness		

