

**SOCIAL HISTORY
ADULT**

Occupation		Smoking Status	Never Smoker	Smoked since Age		
Education	Less than 8th Grade		Former Smoker	Advanced Directive	Yes No	
	8th Grade		Current Everyday smoker			
	9th Grade		Current Some day smoker			
	10th Grade		Smoker-status unknown	Exercise Level	None	
	11th Grade		Unknown if ever smoked			
	12th Grade	Smoking How Much	None			
	2 Year College		1 PPW	Diet	Regular	
	4 Year College		2 PPW			
	Post Graduate		1/4 PPD			Vegetarian
	Marital Status		Unknown			1/2 PPD
Married			1 PPD			Gluten Free
Single		1 1/2 PPD	Specific			
Divorced		2 PPD	Carbohydrate			
Separated		3+ PPD	Cardio			
Widowed	General Stress Level	Low	Alcohol Intake	None		
Domestic Partner		Medium				
		High				
Guns In Home	Yes No	Caffeine Intake	None		Occasional	
			Occasional			
			Moderate			
			Heavy			
Chewing Tobacco			None	Illicit Drugs	Yes No	
			1/Day			
			2-4/Day			
			5+/Day			

Notes:

PAST MEDICAL HISTORY

Please Circle Yes or No

FAMILY HISTORY

ADD or ADHD	Yes/No	Notes	Relation	Problem	Onset Age	Died of Age
Allergies	Yes/No	Notes				
Anemia	Yes/No	Notes	Mother			
Anxiety Disorder	Yes/No	Notes				
Arthritis	Yes/No	Notes	Father			
Asthma	Yes/No	Notes				
Bedwetting	Yes/No	Notes	Brother			
Bladder or Kidney Problems	Yes/No	Notes				
Blood Diseases	Yes/No	Notes	Sister			
COPD	Yes/No	Notes				
Chicken Pox	Yes/No	Notes	Son			
Congenital Anomalies	Yes/No	Notes				
Constipation	Yes/No	Notes	Daughter			
Coronary Artery Disease	Yes/No	Notes				
Depression	Yes/No	Notes	Maternal Grandmother			
Developmental or Behavioral Disorders	Yes/No	Notes				
Diabetes	Yes/No	Notes	Maternal Grandfather			
Diverticulitis	Yes/No	Notes				
Ear or Hearing Problems	Yes/No	Notes	Paternal Grandmother			
Eczema, Hives or other skin conditions	Yes/No	Notes				
Fibromyalgia	Yes/No	Notes	Paternal Grandfather			
GERD/Reflux	Yes/No	Notes				
Gout	Yes/No	Notes	Maternal Aunt			
Heart Disease	Yes/No	Notes				
Heart Problems	Yes/No	Notes	Maternal Uncle			
High Cholesterol	Yes/No	Notes				
Hospital Admission other than birth	Yes/No	Notes	Paternal Aunt			
Hypertension	Yes/No	Notes				
Hyperthyroidism	Yes/No	Notes	Paternal Uncle			
Hypothyroidism	Yes/No	Notes				
Kidney Disease	Yes/No	Notes	Unspecified Relation			
Kidney Stones	Yes/No	Notes				
Liver Disease	Yes/No	Notes				
			SURGICAL HISTORY			
Muscle, Joint, or Bone Problems	Yes/No	Notes	Procedure	Surgery Date	Notes	
Osteoporosis	Yes/No	Notes	#1			
Pulmonary Embolism	Yes/No	Notes	#2			
Seizures/Epilepsy	Yes/No	Notes	#3			
Serious Illness or Injuries	Yes/No	Notes	#4			
Skin Problems	Yes/No	Notes	#5			
Stroke	Yes/No	Notes	#6			
Thyroid Problems	Yes/No	Notes	#7			
Tuberculosis	Yes/No	Notes	#8			
Vision or Eye Problems	Yes/No	Notes	#9			

Additional:

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SOCIAL HISTORY



PEDIATRIC

Diet	Regular	Sunscreens Used Routinely	Yes No	Smoking Status	Never smoker		
	Vegetarian				Former Smoker		
	Vegan				Current everyday smoker		
	Gluten Free				Guns present in home	Yes No	Current some day smoker
	Specific						Smoker-status unknown
	Carbohydrate						Unknown if ever smoked
Cardiac							

Advanced Directive	Yes No	Smoke alarm in home	Yes No
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Has smoked since age

Smoking-how much	None
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1 PPW

2 PPW

Alcohol

None

1/4 PPD

Pre-pregnancy

Occasional

1/2 PPD

Moderate

1 PPD

Heavy

1 1/2 PPD

2 PPD

3+ PPD

Smoking Pre-pregnancy	None
	1 PPW
	2 PPW
	.25 PPD
	.5 PPD
	1 PPD
	1.5 PPD
	2 PPD
	3 PPD

Illicit Drugs	Yes No
Pre-pregnancy	

Notes: