

Social History

Alcohol Use: Not at all Daily Weekly Monthly

Substance/IV Drug use: Current, type: _____ Former, type: _____ Never

Smoking status: Current Former Never Packs/day _____ Years _____

Chewing tobacco use: Current Former Never

For Women

Are you currently pregnant? No Yes

Nursing? No Yes

Post Menopause/Hysterectomy? No Yes

Birth control method: None Type, _____

Please check any of the conditions below which you have been diagnosed

Neurological

- Migraines
- Seizures
- Fainting Spells
- Developmental Delay
- Stroke, Date _____
- Parkinson's
- ADD/ADHD
- Autism
- Alzheimer's
- Dementia
- TIA
- Tremors

Psychological

- Anxiety Disorder
- Depression
- Other, please lists: _____

Endocrine

- Diabetes (Insulin) Last AIC _____
- Thyroid Disorder
- Diabetes (Non-Insulin) Last AIC _____
- Adrenal Insufficiency

Gastrointestinal

- GERD/ Acid Reflux
- Gastroparesis
- Inflammatory Bowel Disease
- Stomach Ulcers
- Liver Disease
- Hepatitis

EENT

- Eye Disease
- Glaucoma
- Sinus Surgery
- Facial Surgery
- Oral Cancer
- Radiation to face or neck
- Herpes simplex type 1 (Cold Sores)
- Unhealed mouth sores
- Pain/Clicking of jaw
- Throat Cancer

- Kidney Disorder
If checked, please specify _____
Dialysis, schedule _____

- Other problem with immune system
Specify: _____
- Autoimmune Disorder
Specify: _____
- History of Rheumatic Fever
- Delay in healing

Cardiovascular

- High Blood Pressure
- High Cholesterol
- Coronary Artery Disease
- Congestive Heart Failure
- Irregular Heart Beat Type: _____
- Mitral Value Prolapse
- Blood Clots (Legs, Lungs)
- Other not listed: _____
- Heart Attack Date: _____
- Heart Stents Date: _____
- Implanted Pacemaker/Defibrillator
- Chest Pain/Angina
- Damaged Heart Value
- Artificial Heart Value
- CABG, other surgery: _____

Respiratory

- Emphysema
- COPD
- Asthma
- Smoker
- Vape Use
- Marijuana Use
- Tubercucosis (TB)
- Obstructive Sleep Apnea
 CPAP Use
- COVID with hospitalization
- Shortness of breath at rest
- Recent respiratory infection
- Recurrent respiratory infection
- Oxygen use at home

Musculoskeletal

- Osteoporosis
- Osteopenia
- Rheumatoid Arthritis
- Arthritis
- Osteonecrosis
- Fibromyalgia
- Joint Replacement
- Cervical Fusion
- Other spinal Surgery: _____
- Bisphosphonate Use
ex: Fosomax, IV Zometa, Prolia, Xgeva, Reclast
Medication: _____
Years of use: _____
Frequency: _____
 Current Former

Hematology

- Anemia
- Blood Disorder
Type: _____
- Cancer, type: _____
- HIV/AIDS
- Blood Transfusion
Year: _____
- Surgery Radiation Chemotherapy
- Sickle Cell Disease
- Bleeding Issues

Any other condition concerning your health, please list:

I certify that I have read and I understand the questions above. I will not hold my doctor, or any other member of his / her staff, responsible for any errors or omissions that I have made in the completion of this form.

X _____ X _____ X _____ X _____
Signature of patient (Parent or Guardian if Minor) Date Reviewed by Date