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| **Social history** | | | | | | | | | | |
| **Tobacco Use**  Never   Current  Prior use  2nd hand  Type: Freq: # of years: Quit date (if applicable): | | | | | | | | | | |
| **Alcohol Use**  Never  Current  Prior use (describe):  **If responded current above, please answer how many drinks PER WEEK**  1-3 drinks  4-6 drinks.  7-13 drinks  14 or more | | | | | | | | | | |
| **Marijuana Use**  Never  Occasional  Daily | | | | | | | | | | |
| **Street Drug Use**  Never   Current Type: Freq:  Prior use Quit date: | | | | | | | | | | |
| **Diet notes:** | | | | | | | | |  | |
| **Occupation** Currently Employed  Yes  No | | | | | **Exercise type/frequency** | | | |  | |
| **Personal and Family Medical history** | | | | | | | |  | |  |
|  | Self | Father | Mother | Siblings | | Sons | Daughters | Other relative | | |
| Deceased?  (Cause/age) |  |  |  |  | |  |  |  | | |
| Hypertension |  |  |  |  | |  |  |  | | |
| Heart Disease |  |  |  |  | |  |  |  | | |
| Stroke |  |  |  |  | |  |  |  | | |
| Diabetes (Type 1 or 2) |  |  |  |  | |  |  |  | | |
| Kidney Disease |  |  |  |  | |  |  |  | | |
| Cancer (type) |  |  |  |  | |  |  |  | | |
| Liver Disease |  |  |  |  | |  |  |  | | |
| Depression / Anxiety |  |  |  |  | |  |  |  | | |
| Obesity |  |  |  |  | |  |  |  | | |
| Other - Describe |  |  |  |  | |  |  |  | | |

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| **Allergy list (Medication or environmental)** | **Type of reaction** |
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| **Hospitalizations and Surgeries. Please list facility and description** | **Date** |
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| **Medication list, include supplements and over the counter drugs – Attach list as needed** | | | | | | | |
| **Medications** | **Dose and Frequency** | | | **Reason for use** | **Date started** | | |
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| **Other physicians and providers of care** | | | | | |  |
| **Name** | | **Specialty/provider type** | **Reason** | | | |
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**Patient/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**