

HEALTH AND MEDICAL HISTORY

Mo./Year

NAME _____
First Last

Approx. weight at age 20 _____	
HOSPITALIZATIONS:	
MAJOR SURGERIES/ACCIDENTS:	
PRIMARY CARE DOCTOR:	
PREGNANCIES:	
How many full term _____	
How many premature deliveries? _____	
How many miscarriages/abortions _____	
Birth dates of living children _____	

PERSONAL HABITS:

- How many people in your home smoke tobacco products? _____
- Have you ever smoked tobacco products? Yes/No
 Year started _____ Estimated packs/day? _____
 Year stopped _____
- Which best describes how often you drink tea or caffeinated beverages?
 Never Infrequently Occasionally Routinely
 Cans/cups per day _____
- Which best describes how often you drink alcoholic beverages?
 Never Infrequently Occasionally Routinely
 Number of times week _____ Favorite types _____
- Which best describes how often you participate in sports/vigorous exercise/strenuous work?
 Never Infrequently Occasionally Routinely

WORK HISTORY and LIVELIHOOD (Please give brief description of)

- Job before present one _____ Start _____ Stopped _____
- Present job/livelihood _____ Start _____ Stopped _____
- Other _____
- Highest formal education level reached: HS _____ College 1234 Postgrad _____ Prof _____
- Military Service: (Branch) _____
 Dates of service _____ Rank/type of discharge _____

Indicate to the best of your knowledge using the symbols below if you, or any family have ever had any of the following conditions:
 Mother=M Grandmother=GM Brother=B
 Father=F Grandfather=GF Sister=S

Severe Arthritis _____
 Recurrent, debilitating neck and/or back pain _____
 Cancer (any kind) _____

INITIAL VISIT _____
mo day yr

Update _____
 Update _____
 Update _____
 Update _____
 Update _____

HOBBIES; TALENTS, AVOCATIONS: Please describe part-time work or non-work/leisure activities you put time and/or money into fairly frequently.:

_____ Approx. date began _____

