

HOSPITALIZATIONS: Please list any hospitalizations other than for surgery.

SOCIAL HISTORY:

Marital Status: _____

Children: _____

Occupation: _____

Previous Occupations: _____

Education: _____

Smoking: Do you presently smoke? _____ If yes, how much? _____
If no, did you ever smoke? _____ When did you quit? _____

Alcohol: Do you drink alcohol? _____
If yes, how much and how often? _____

Coffee: Do you drink coffee? _____ If yes, how much? _____

Please list any other pertinent social factors: _____

FAMILY HISTORY: Please list any major medical events in your family and their relation to you. Some examples of which are: heart disease, stroke, heart attack, family history of cancer or colon polyps, other cancers, drug abuse, metabolic or lipid disorders, hereditary disorders, and any other relevant family history.

REVIEW OF SYSTEMS - PAST MEDICAL HISTORY: These questions apply specifically to you.

Current weight: _____

Have you had any recent weight changes? (If yes please explain). _____

Please describe your appetite? _____

Have you had any recent fever or chills? (If yes, please explain). _____

Under the organ systems listed below, please CIRCLE any disease, problems, or symptoms that you have now or have had in the past. Please use the space under each area to elaborate as necessary.

GASTROINTESTINAL: trouble swallowing, heartburn, nausea, vomiting, abdominal pain, abdominal cramping, gas pain and bloating, rectal pain, constipation, diarrhea, blood in stool, milk intolerance, hepatitis, gall bladder disease, pancreatitis, ulcer disease, other.

CARDIOVASCULAR (Heart): heart attack, coronary artery disease, chest pain, high blood pressure, murmur, mitral valve disease, other valvular heart disease, exertional shortness of breath, pacemaker, other.