

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:				

SOCIAL HISTORY

PEDIATRIC

Diet	Regular	Sunscreen 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
Has smoked since age		Smoking-how much	None		
			1 PPW		
			2 PPW	Alcohol	None
			1/4 PPD	Pre-pregnancy	Occasional
Smoking	None		1/2 PPD		Moderate
Pre-pregnancy	1 PPW		1 PPD		Heavy
	2 PPW		1 1/2 PPD		
	.25 PPD		2 PPD		
	.5 PPD		3+ PPD		
	1 PPD				
	1.5 PPD	Illicit Drugs	Yes No		
	2 PPD	Pre-pregnancy			
	3 PPD				

Notes:

SOCIAL HISTORY

ADULT

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

Notes: