

Marital Status

- Single
 Married
 Divorced
 Widowed
 Partnered

Employment

- Employed
 Unemployed
 Retired
 Student
 Homemaker

Current Occupation: _____

Previous Occupation: _____

Who lives with you? _____

Number of children: _____ Ages: _____

Highest grade of education: _____
 _____ th grade _____ College _____ Graduate school

SUBSTANCE USE:

Substance	Ever Used?	Current Use?	Amount per day/week?	Years of use?	If Stopped, When?
Caffeine	Y N	Y N			
Tobacco	Y N	Y N			
Alcohol	Y N	Y N			
Street Drugs	Y N	Y N			
IV Drugs	Y N	Y N			

Any dietary restrictions? _____

Do you exercise regularly? _____

Do you have tattoos? Y N

FAMILY HISTORY:

Family Member	Age (if living)	Illnesses	Age at death and cause
Father			
Mother			
Sister/Brother			
Sister/Brother			
Sister/Brother			
Sister/Brother			
Sister/Brother			
Son/Daughter			
Son/Daughter			
Son/Daughter			
Son/Daughter			
Father's Father			
Father's Mother			
Mother's Father			
Mother's Mother			

Has any blood relative had any of the following ?

- Cancer: Breast/Colon/Ovary/Uterus/Pancreas/Other
 Colon polyps Ulcer (duodenal or gastric)
 Ulcerative Colitis Crohn's disease
 Gallstones Liver Disease
 Irritable Bowel Syndrome

REVIEW OF SYSTEMS: (explain below)

Do you CURRENTLY have any of the following?

General:

- Poor appetite Weight loss
 Itching/Rash Fatigue/Weakness
 Fever/Chills Soaking night sweats
 Tattoos Blood Transfusion
 Depression Anxiety
 Food Allergies Environmental Allergies

Eyes/Nose/Throat:

- Blurry vision Dry/Red eyes Yellow eyes
 Mouth Ulcers Post Nasal Drip Thrush

Neck:

- Thyroid Disease Voice Change Hoarseness

Chest:

- Chest pain Asthma Shortness of breath
 Chronic cough Irregular Heartbeat/Palpitations

GI:

- Abdominal pain Abdominal swelling
 Constipation Dark, tarry stool
 Heartburn/indigestion Milk intolerance
 Passing blood with stool Persistent nausea
 Swallowing difficulty Vomiting

GU:

- Dark urine Blood in urine
 Frequent urination Kidney stones

Extremities:

- Swollen legs Joint aches Joint swelling

Neurologic:

- Headaches Memory loss Muscle weakness

- Numbness Confusion Trouble sleeping

Other:

- Anemia Iron deficiency B12 deficiency
 Easy Bruising Easy bleeding

signature _____ Date _____ / _____ / _____