| E. Thomas Arne Jr., D.O., F.A.C.C.  1250 S. Tamiami Trail Suite 401  Sarasota, Florida 34239  Office: 941-366-2194 Fax:941-366-7025  [www.gulfshorepc.com](http://www.gulfshorepc.com) |  |  | IMG_4682 |
| --- | --- | --- | --- |

**PATIENT SOCIAL HISTORY**

**(Please Print and or Circle One)**

**Page 1 of 2**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_Age: \_\_\_\_\_\_\_

**MARITAL STATUS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Married | Single | Divorced | Widowed | Domestic Partnership |

**EMPLOYMENT**

|  |  |
| --- | --- |
| Working | Retired |

**EDUCATION**

|  |  |  |
| --- | --- | --- |
| High School | College | Graduate School |

**ALCOHOL CONSUMPTION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **No** |  | **Do You Drink Alcohol?** |
|  |  | # | How Many Days Per Week |
|  |  | # | How Many Ounces (Oz) |
| Beer | Wine | Hard Liquor | Type of Alcohol |
| Yes | No |  | Has alcohol or does alcohol interfere with work, school or relationships? |
| Yes | No |  | Have you ever received alcohol treatment? |
|  |  |  | If so what type: |
| Yes | No |  | Have you had or have a relapse? |

**PATIENT SOCIAL HISTORY(Continued)**

**(Please Print and or Circle One)**

**Page 2 of 2**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOBACCO /VAPING USE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **No** |  | **Have you ever used tobacco?** |
| **Yes** | **No** |  | **Do you smoke tobacco currently?** |
|  |  | **Pipe Cig Cigar** | **If yes, what type?** |
|  |  | **#** | **Quantity per day?** |
| **Yes** | **No** |  | **Do you use e-Cigarette?** |

**CAFFEINE INTAKE**

|  |  |
| --- | --- |
|  | **Number of cups of coffee per day** |
|  | **Number of cups of tea per day** |
|  | **Number of cups of soda per day** |

**EXERCISE HABITS**

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **Do you do any form of physical exercise?** |
|  |  | **What Kind? (Print type) (Walk – Run/jog – Bike – Swim – Palates/ Yoga – Weight Lifting – Dance or Other)** |
|  |  | **How often do you exercise?** |