Patient – Family and Social History

Patient Name: _____
Date of Birth: _____

Family History: **Condition/Cause of Death:**

Father: Alive _____ Deceased _____ _____
Mother: Alive _____ Deceased _____ _____
Sisters: Alive _____ Deceased _____ _____
Brothers: Alive _____ Deceased _____ _____
How Many Children: _____

Does a Family Member have one of the following?

	Self	Father	Mother	Father's Family	Mother's Family	Siblings	Children
Hypertension	_____	_____	_____	_____	_____	_____	_____
Epilepsy	_____	_____	_____	_____	_____	_____	_____
Cancer	_____	_____	_____	_____	_____	_____	_____
Eczema/Psoriasis	_____	_____	_____	_____	_____	_____	_____
Heart Attack	_____	_____	_____	_____	_____	_____	_____
Stroke	_____	_____	_____	_____	_____	_____	_____
Diabetes	_____	_____	_____	_____	_____	_____	_____
Asthma	_____	_____	_____	_____	_____	_____	_____

Surgeries: **Type** **Date**

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

Women: **When was last period:** _____

Immunizations:

Smallpox _____
Tetanus _____
Typhoid _____
Polio _____
Influenza _____
Pneumonia _____
Rubella _____
Hepatitis _____

Social History:

Tobacco: Current Smoker _____ Former Smoker _____ Never Smoked _____

If you are a current smoker, how often do you smoke Cigarettes? _____
How many cigarettes a day? _____
Former Smoker, how long has it been since you last smoked? _____
Do you dip tobacco? _____

Alcohol:

Do you drink alcoholic beverages? _____ How often? _____

Caffeine:

Do you drink caffeine beverages? _____ What type? _____