

Family Medical History (FMHx) List relative with history of illness

Diabetes _____
Heart Disease _____
High Blood Pressure _____
Kidney Disease _____
Vascular Disease _____
Prostate Cancer _____
Stroke _____
Other _____

Social History (SHx)

Alcohol Use: ____ Never ____ Current ____ Former ____ # of Drinks per day

Age Started: _____ Age Stopped: _____

Tobacco Use: ____ Never ____ Current ____ Former ____ # packs per day

Age started _____ Age Stopped: _____

Drug Use: Do you use recreational drugs? ____ Yes ____ No ____ If yes, explain ____

Occupation: _____

of Children: _____

Physician Notes:
