Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication List**

**Medication Name Strength Directions**

1.

2.

3.

4.

5.

*\*Add more if needed.*

**Medical History**  **Allergies**

1. 1.

2. 2.

3. 3.

4. 4.

5. 5.

*\*Add more if needed. \*Add more if needed.*

**Surgical History** **Hospitalizations**

1. 1.

2. 2.

3. 3.

4. 4.

5. 5.

*\*Add more if needed. \*Add more if needed.*

**Family History***(Check all that apply.)*

 Diabetes Hypertension Heart Disease Stroke Mental Illness Cancer Unknown

Father

Mother

Siblings

Children

Grandparents

**Lifestyle**

|  |
| --- |
| Did you have a drink containing alcohol in the past year?  |
| Yes  |
| No  |
|          If 'Yes' : How often did you have a drink containing alcohol in the past year?  |
|          Never  |
|          Monthly or less  |
|          Two to four times a month  |
|          Two to three times per week  |
|          Four or more times a week  |
|          If 'Yes' : How many drinks did you have on a typical day when you were drinking in the past year?  |
|          1 or 2  |
|          3 or 4  |
|          5 or 6  |
|          7 to 9 |
|          10 or more  |
|          If 'Yes' : How often did you have six or more drinks on one occasion in the past?  |
|          Never  |
|          Less than monthly  |
|          Monthly  |
|          Weekly  |
|          Daily or almost daily |
| Are you a:  |
| current smoker  |
| former smoker  |
| never smoker  |
| light tobacco smoker  |
| heavy tobacco smoker  |
|          If 'current smoker' : How often do you smoke cigarettes?  |
|          every day  |
|          some days, but not every day  |
|          If 'current smoker' : How many cigarettes a day do you smoke?  |
|          5 or less  |
|          6-10  |
|          11-20  |
|          21-30  |
|          31 or more  |
|          If 'current smoker' : How soon after you wake up do you smoke your first cigarette?  |
|          within 5 min  |
|          6-30 min  |
|          31-60 min  |
|          after 60 min  |
|          If 'current smoker' : Are you interested in quitting?  |
|          Ready to quit  |
|          Thinking about quitting  |
|          Not ready to quit  |
|          21-30  |
|          31 or more  |
|          If 'former smoker' : How long has it been since you last smoked?  |
|          1-3 months  |
|          < 1 month  |
|          3-6 months  |
|          6-12 months  |
|          1-5 years  |
|          5-10 years  |
|          > 10 years  |