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 |