



# Patient History

(PAGE 2)

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Please list all prior surgeries:

Type of surgery	Date	Type of surgery	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list all prior hospitalizations (Other than for surgery):

Reason for hospitalization	Date	Reason for hospitalization	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Social History

Marital Status:  Single  Married  Partnered  Separated  Divorced  Widowed

Use of alcohol:  Never  No longer use  History of alcohol abuse

Current use - Type: \_\_\_\_\_  Rare  Occasional  Moderate  Daily

Use of tobacco:  Never  Quit - How long ago? \_\_\_\_\_  Smoke \_\_\_ Packs/Day for \_\_\_ years

Use of recreational drugs:  Never  Quit - How long ago? \_\_\_\_\_ Type \_\_\_\_\_

Current use - Type: \_\_\_\_\_  Rare  Occasional  Moderate  Daily

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

How much are you on your feet at work?  10%  25%  50%  75%  100%

Exercise?  Never  Rare  Occasional  Weekly  Several times a week  Daily

Types of exercise: \_\_\_\_\_

## Family History

Do you have a family history of:  Diabetes  Cancer  Heart Disease  High Blood Pressure

Stroke  Coronary Artery Disease  Thyroid Disease  Rheumatoid Arthritis

Other \_\_\_\_\_