

# Family History

**Family History:**

- Arthritis
- High blood pressure
- High cholesterol
- Diabetes
- Depression
- Heart disease
- Cancer
- Chronic pain
- No family history of problems

**Other Family History:**

(write below)

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**Additional notes/comments:**

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# Social History

**Marital status:**

- Single
- Married
- Divorced
- Separated
- Widowed

**Number of Children:** \_\_\_\_\_

**Highest Level of Education Completed:**

- Not completed high school
- GED diploma or equivalent
- Completed trade school
- High school graduate
- Associate's degree
- Bachelor's degree
- Masters degree
- PHD
- Law school
- Medical school
- Doctorate program (other than medical)

**Do you eat a well-balanced diet?**

- Never
- Rarely
- Occasionally
- Usually
- Regularly

**Do you exercise?**

- Never
- Rarely
- Occasionally
- Usually
- Regularly

**Types of exercises:**

- Running/jogging
- Walking
- Weight lifting
- Yoga/pilates
- Group exercises
- Swimming
- Baseball
- Basketball
- Football
- Soccer
- Tennis

**Do you drink alcohol?**

- Never
- Occasionally
- Frequently (more than 3 days/week)
- Daily
- Former

**Do you use tobacco products?**

- Never
- Occasionally
- Frequently (more than 3 days/week)
- Daily
- Former

**Have you ever used illegal drugs?**

- Yes
- No
- If yes, which drugs?
  - Acid
  - Angel dust
  - Cocaine
  - Crack
  - Crystal meth
  - Ecstasy
  - Heroin
  - LSD
  - Marijuana
  - Opium
  - phencyclidines

**Have you had a substance abuse problem?**

- Yes
- No
- If yes, which substance?

**Have you had treatment for your substance abuse?**

- Yes
- No
- Not applicable

**List any other Important information to related to substance abuse below:**

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