

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:

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:
