

---

Patient Name

---

DOB

---

Date

## Family History

### Father

 Living Deceased Unknown Diabetes Hypertension Heart Disease Stroke Mental Illness Cancer Unknown

### Mother

 Living Deceased Unknown Diabetes Hypertension Heart Disease Stroke Mental Illness Cancer Unknown

### Paternal Grandfather

 Living Deceased Unknown Diabetes Hypertension Heart Disease Stroke Mental Illness Cancer Unknown

### Paternal Grandmother

 Living Deceased Unknown Diabetes Hypertension Heart Disease Stroke Mental Illness Cancer Unknown

### Maternal Grandfather

 Living Deceased Unknown Diabetes Hypertension Heart Disease Stroke Mental Illness Cancer Unknown

### Maternal Grandmother

 Living Deceased Unknown Diabetes Hypertension Heart Disease Stroke Mental Illness Cancer Unknown

### Siblings

 Living Deceased Unknown Diabetes Hypertension Heart Disease Stroke Mental Illness Cancer Unknown

### Children

 Living Deceased Unknown Diabetes Hypertension Heart Disease Stroke Mental Illness Cancer Unknown

## Social History

### Alcohol Screen

---

Did you have a drink containing alcohol in the past year?

Yes  No

### Tobacco

---

Do you currently smoke or use other forms of tobacco?

Nonsmoker  Former smoker  Current smoker  Chew tobacco  Other \_\_\_\_\_