



**Family History:** Please fill in as much history as possible below for parents, grandparents, siblings, and your children where applicable.

Family Member	Approx Year of Birth	Age at Death	Serious Health Problems / Cause of Death
Mother			
Mother's Dad			
Mother's Mom			
Father			
Father's Dad			
Father's Mom			

### Social History

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

Education level: \_\_\_\_\_

Do you currently smoke (cigarettes, marijuana, hookah, e-cigarettes)? Yes  No

If YES, what do you smoke and how much? \_\_\_\_\_

If NO, have you ever smoked regularly? Yes  No

If YES, how many packs/day (or other units of measurement) over how many years?

Average weekly alcohol consumption: \_\_\_\_\_

Do you use any recreational drugs? If so, what and frequency?

\_\_\_\_\_

Frequency and type of exercise: \_\_\_\_\_

With whom do you live? \_\_\_\_\_

Do you feel safe at home? \_\_\_\_\_

Are there any major financial constraints upon your life?

\_\_\_\_\_

Please list the name, address and phone number of your preferred pharmacy (if you have one):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_