



Patient Name: _____ **DOB:** _____

SOCIAL HISTORY

Marital Status: ☐ Married, Spouse's name _____
☐ Single ☐ Widowed ☐ Divorced ☐ Separated ☐ Other _____

Children: ☐ No ☐ Yes (ages) _____

Occupation: _____ Employer: _____

Diet: ☐ Regular ☐ Low fat, low cholesterol ☐ Low salt ☐ No added salt ☐ Diabetic
☐ Renal ☐ Weight loss ☐ Low carbohydrate ☐ Vegetarian

Do you smoke: ☐ No ☐ Yes ☐ Former
 If yes, type of tobacco _____ Packs/day _____ How many years _____ Year quit _____

Alcohol: ☐ No ☐ Yes ☐ Former (year/quit) _____
☐ Rarely ☐ Social ☐ Daily ☐ Frequently ☐ Occasional

Exercise: ☐ Sedentary ☐ Regular ☐ Occasional ☐ Active Lifestyle ☐ Weight lifting
☐ Aerobic ☐ Physically unable

Advanced Directives: ☐ None ☐ Living Will ☐ Proxy

Family History: please indicate any illness(es) including their age at time of onset or death:

☐ Adopted, Family history unknown	Mother Age _____ Deceased _____	Age of Onset	Father Age _____ Deceased _____	Age of Onset	Siblings Age _____ Deceased _____	Age of Onset
Heart Attack						
Angioplasty/Stent						
Bypass Surgery						
Stroke						
Hypertension						
Diabetes						
High Cholesterol						
Congestive Heart Failure						
Congenital Heart Disease						

Review of Systems: Indicate if you have had any of the following (within past 6 months):

- | | | |
|---|---|---|
| ☐ Chest discomfort (pain, heaviness, burning, tightness) | ☐ Nocturia (frequent urination at night) | ☐ Erectile Dysfunction |
| ☐ Swelling of ☐ hands ☐ feet ☐ legs | ☐ Orthopnea (shortness of breath while lying flat) | ☐ Hearing loss |
| ☐ Weight gain/amount _____ lbs. | ☐ Depression | ☐ Goiter |
| ☐ Anemia (low hemoglobin) | ☐ Tremors | ☐ Skin sores |
| ☐ Weight loss/amount _____ lbs. | ☐ Hemoptysis (spitting up bloody mucus) | ☐ Rash |
| ☐ Hematuria (blood in urine) | ☐ Reflux | ☐ Hallucination |
| ☐ Dyspnea (shortness of breath) | ☐ Bleeding | ☐ Dizziness |
| ☐ Vision changes | ☐ Fatigue | ☐ Weakness |
| ☐ Palpitations | ☐ Joint pain | ☐ Seizures |
| ☐ Fever | ☐ Myalgias (muscle pain) | |
| ☐ Snoring | ☐ Memory loss | |
| ☐ Nausea | | |