SOCIAL HISTORY

Do you use tobacco? **YES** **NO**
Number of packs per day _____
Years of tobacco? _____

Do you use alcohol? **YES** **NO**
Amount and frequency _____

Have you ever been treated for depression? **YES** **NO**
Are you currently in treatment? **YES** **NO**
If yes, please indicate the name of you physician or therapist

_____

Have you ever been hospitalized for mental illness? **YES** **NO**

SYSTEM REVIEW: PLEASE CIRCLE ALL THAT APPLY

Constitutional
Fatigue
Tiredness
Recent Weight Loss
Fever
Night Sweats
Abnormal Bleeding

Head and Neck
Blurred vision
Double vision
Loss of vision
Loss of hearing
Vertigo Sinus Congestion
Runny Nose
Sneezing
Loss of smell
Sinus infection
Sore throat
Difficulty Swallowing
Hoarseness
Lump in neck
Pain swallowing

Cardiovascular
Chest pain
Pain in arm/neck
Heart attack
Palpitations
Heart pounding
Stroke
Heart murmur
Pain in legs
Cold feet
Loss of pulses
Low blood pressure
High blood pressure
Abnormal heart beats

Respiratory
Shortness of breath
Asthma
Wheezing
Cough
Bloody Sputum
Emphysema
Pneumonia
Bronchitis
Difficulty sleeping flat
Waking at night short of breath

Gastrointestinal
Jaundice
Hepatitis
Cirrhosis
Vomiting
Nausea
Heartburn
Abdominal pain
Diarrhea
Constipation
Pain with bowel movements
Blood in stool
Hemorrhoids
Change in stool size
Irritable bowel
Colitis

Genitourinary
Blood in urine
Frequent urination
Leakage of urination
Pain with urine
Trouble starting urine
Kidney stones
Bladder infection

Men
Discharge from penis
Loss of erection

Women
Vaginal Discharge
Abnormal Vaginal bleeding
Irregular Periods
Hysterectomy
Pap exam w/in last year

Musculoskeletal
Pain in joints
Muscular aches
Swelling of joints
Arthritis
Pain in hips
Pain in knees
Pain in ankles
Pain in feet
Lower back pain
Herniated disk
Sciatica
Numbness in feet or legs
Abnormal lumps or masses

Endocrine
Hyperthyroid
Hypothyroid
Goiter
Previous radiation
Diabetes
Adrenal gland tumor
Previous steroid use
Swollen glands

Skin/Breast
Skin Cancer
Abnormal Moles
Burns
Rash
Breast Mass
Nipple Discharge
Mammogram w/in in last year

Neurological
Seizures
Convulsions
Fainting
Vertigo
Light Headedness
Falling
Muscle weakness
Numbness
Tremors
Stroke
Loss of consciousness

Psychological
Depression
Nervousness
Anxiety
Suicidal thoughts
Suicide attempts
Schizophrenia
Anorexia
Bulimia
Binge eating
Counseling
Hospitalization for emotional problem

Patient name: _____