McLAREN MEDICAL GROUP

Language Preference:
□ English

ADULT REGISTRATION			Other specify:							
PATIENT NAME	(Last)	(First)		(Middle)		MaleFemale		Married	Divorce	ed DWidowed
ADDRESS		CITY		STATE ZIP CODE			LANGUAGE: Langlish Spanish Arabic	ETHNICITY: Hispanic Latino Non-Hisp	c/ American Indian of Alaska Native	
TELEPHONE ()	S	S#		BIRTH DATE			German Polish French	Latino Decline t Answer	:0	 Black or African American White Caucasian
CELL PHONE ()	E	-MAIL ADDRESS					 Chinese Declined 			 Pacific Islander Unknown or Decline to Answer
EMPLOYER			OCCUPAT	ION		Н	IOW LONG EMPLO	OYED	EMPL (OYER TELEPHONE)
EMPLOYER ADDRI	ESS			CITY		·	STATE	<u> </u>	ZIP C	ODE
PRIMARY CARE PH	HYSICIAN			REFERRED OR RI	ECOM	MENDED B	Y			

For appointment reminders only, use phone number ______ and E-mail ____

For leaving a message, use phone number _____

	NAME	(Last)			(First)	(Middle)	RELATIONSHIP		
NO	TELEPHONE ()		SS#				BIRTH DATE		
INFORMATION	ADDRESS				CITY		STATE	ZIP CODE	
INFO	EMPLOYER			OCCUPATI	ON	HOW LONG	EMPLOYED	EMPLOYER TE	LEPHONE
	EMPLOYER ADDRES	S			CITY		STATE	ZIP CODE	

F	PRIMARY INSURANCE		SUBSCRIBER	BIRTH DATE
P	POLICY #	GROUP #	EMPLOYEE ID#/SS#/MISC	GROUP NAME

SECONDARY INSURANCE		SUBSCRIBER	BIRTH DATE
POLICY #	GROUP #	EMPLOYEE ID#/SS#/MISC	GROUP NAME

NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS

NAME				RELATIONSH	IIP	
ADDRESS			CITY		STATE	ZIP CODE
WORK TELEPHONE ()			HOME TELEPHONE ()			
EMERGENCY CONTACT		RELATION	NSHIP			TELEPHONE ()
PATIENT/LEGAL GUARDIAN	SIGNATURE			DA	ATE	
DATE	SIGNATURE		DATE	SI	IGNATU	RE

McLAREN MEDICAL GROUP OB/GYN QUESTIONNAIRE

HISTORY Sexual Preference: Male Female Both Prefer Not to Answer (Number) (Number) (Number) Miscarriages: Pregnancies: Live Births: Adpetions: Miscarriages: ERIODS: Age started: Age stopped:	DATE: LEGAL						
Sexual Preference: Male Female Both Prefer Not to Answer (Number) (Number) (Number) (Number) (Number) Pregnancies: Live Births: Age stopped:					· · · · · · · · · · · · · · · · ·		
Pregnancies: Number) (Number) (Number) (Number) (Number) <	Sexual Preference: Male	Fem			Prefer Not to A	nswer	
PERIODS: Age started: Age stopped: Flow is: heavy Cl medium I light How many days is a cycle First day of last menstrual period: Any recent changes in periods No I Yes Mormal Abnormal BIRTH CONTROL: INo I Yes Mormal Abnormal Last Mammogram: Ino Yes Ino Normal Abnormal Inver Ino Yes Ino Yes ENERAL: Ino Contein Any History of Abnormal Pap: Normal Abnormal Inver Indiage Inormal Abnormal periods Inormal Inormal Abnormal Inver Indiage Inormal periods Inoroughts baton Inormal periods Inormal						(Number)	
PERIODS: Age started: Age stopped: Flow is: heavy Cl medium I light How many days is a cycle First day of last menstrual period: Any recent changes in periods No I Yes Mormal Abnormal BIRTH CONTROL: INo I Yes Mormal Abnormal Last Mammogram: Ino Yes Ino Normal Abnormal Inver Ino Yes Ino Yes ENERAL: Ino Contein Any History of Abnormal Pap: Normal Abnormal Inver Indiage Inormal Abnormal periods Inormal Inormal Abnormal Inver Indiage Inormal periods Inoroughts baton Inormal periods Inormal	Pregnancies:	Live Births:		Abortions:		Miscarriages:	
Flow is: heavy medium light How many days is a cycle	PERIODS: Age started:		Age stopped	d:			
Any recent changes in periods No Yes Explain:	•		• • •		First day of la	ast menstrual period:	
Last Mammogram:		-		-	-	-	
ENERAL: CENITOURINARY: Trouble concentrating on things, such as reading the newspaper or watching television? Ideeplesances head check dizziness Weight toss/gain eating problems might urination Trouble concentrating on things, such as reading the newspaper or watching Diurning double vision might urination blood in urine things, such as reading the newspaper or watching Diurning double vision might urination frequency things, such as reading the newspaper or watching Diurning double vision might urination frequency the opposition Dain/pressure (areas)	BIRTH CONTROL: DNo	🗅 Yes Me	thod:				
ENERAL: CENITOURINARY: Trouble concentrating on things, such as reading the newspaper or watching television? Ideeplesances head check dizziness Weight toss/gain eating problems might urination Trouble concentrating on things, such as reading the newspaper or watching Diurning double vision might urination blood in urine things, such as reading the newspaper or watching Diurning double vision might urination frequency things, such as reading the newspaper or watching Diurning double vision might urination frequency the opposition Dain/pressure (areas)	Last Mammogram:	□ Normal □) Abnormal	Last Pap:	[□ Normal □ Abnormal	
ENERAL: GENITOURINARY: Trouble concentrating on things, such as reading the newspaper or watching. Jelepleseness leadaches diziness burning/bailful urination Irequency things, such as reading the newspaper or watching the newspaper or watching. Jeweight loss/gain eating problems genital sores pelvic pain liching blowring pain/intercourse hormal pain/intercourse horma	(Date)		_ /				
Payer chills Sweats fatigue Bieeplessness headaches diziziness burning/painful urination hrequency Weakness loss of appetite painful urination blood in urine Jweight loss/gain eating problems painful urination blood in urine Jatainage redness lichting bleeding Poor appetite Ars, NOSE, THROAT, MOUTH: painful intercourse abournal pag (history of) houving or speaking so slow Dataring decreased hearing swelling joint pain (area) words (area) Dordenative theethygues hoarseness SKIN and/or BREAST: Moving or speaking so slow Bordenative theethygues hoarseness SKIN and/or BREAST: envorthis (area) Brobole with beerulygis border for theeth setting border for theeth setting houring acound a genesize of theeth setting Jasthma huberculosis NEUROLOGICAL: houring allow of sexually transmite Indigetsion/heaviness in chest pain/pressure numbness paralysis generom breast set exam discharge Jawhouder/arm pain coxressior seveating humbness paralysis <td></td> <td></td> <td></td> <td>Any Histor</td> <td>y of Abnormal P</td> <td>Pap: UNO UYes</td>				Any Histor	y of Abnormal P	Pap: UNO UYes	
Invert Chilling Sweats Lingue Introductor Introduc	GENERAL:		GENITOURINA	RY:			
Bideplessives Downlogstructure Downlogstructure Discreption Jweight toss/gain eating problems injeft urination Discore Discreption Jweight toss/gain eating problems injeft urination Discore Disco							
J weight loss/gain eating problems genital sores [] urine loss [] Poor appetite or overeating [] J rainage readness [] Iching [] Delvic pain [] Iching [] Delvic pain [] Iching [] Poor appetite or overeating [] J bluring] double vision [] pain/pressure (areas) [] Poor appetite or overeating [] [] Poor appetite or overeating [] J bluring] double vision [] pain/pressure (areas) [] Poor appetite or overeating [] J anezzing] docreased hearing [] swelling [] Joint pain (area) [] wounds (area) J astma] tuberculosis SKIN and/or BREAST: [] wounds (area) [] wounds (area) [] wounds (area) J astma] tuberculosis [] dorlpressure [] disoloration] tightening [] ruise easily [] hurger] diabetes J astma] tuberculosis [] poor coloring [] weeks you have experienced any of the following.] [] diapressive sweating] biood sputum [] dorlpressure] irregular/rapid beat [] depression [Check box if any time in the last 2 [] espriatory (bitsess] hive: J astma] tuberculosis [] depression [Check box if any time in the last 2 [] espriatory (bitsess] hive: [] edpression [Check box if any time in the last 2 [] espriatory distress] hive: [] edpression [Check box if any time in		dizziness					
YES: <pre> Porting pain [itching] bleeding pain/pressure [areans] problem with teeth/gums] hoarseness SESPIRATORY: Ishortness of breath [areany] sores (areany] bhood sputum areany] bhood sputum areany] bhood sputum areany [areany] bhood sputum areany] bhood sputum areany [areany] bhood sputum areany] bhood sputum areany [areany] bhood sputum areany] bhood sputum areany [areany] bhood sputum areany [areany] bhood sputum areany] bhood sputum areany [areany] bhood sputum areany [areany] brooler sputing] brooler sputing] brooler sputum areany [areany] brooler sputum areany [areany] brooler sputum areany [areany] areany [areany]</pre>		lems					
Idrainage Indugras that you would be Idrainage Indugras tha			Delvic pain	itching 🛛 bleed			
Duringdouble vision double vision double vision double vision ARS, NOSE, THROAT, MOUTH: body achestiffness (area) huring yourself in some wat Jennezingdocreased hearing loin/pressure (areas)	drainage redness itching				eriods	•	
ARS, NOSE, THROAT, MOUTH: Indicesses Moving or speaking so slow that other people could have noticed? Or the opposite, be so fidgety or restless that yo noticed? Or the opposite, be so fidgety or restless that yo noticed? Or the opposite, be so fidgety or restless that yo noticed? Or the opposite, be so fidgety or restless that yo noticed? Or the opposite, be so fidgety or restless that yo noticed? Or the opposite, be so fidgety or restless that yo noticed? Or the opposite, be so fidgety or restless that yo noticed? Or the opposite, be so fidgety or restless that yo noticed? Or the opposite, be so fidgety or restless that yo noticed? Or the opposite, be so fidgety or restless that yo not ced? Or the opposite, be so fidgety or restless that yo not ced? Or the opposite, be so fidgety or restless that yo not ced? Or the opposite, be so fidgety or restless that yo not ced? Or the opposite, be so fidgety or restless that yo not ced? Or the opposite, be so fidgety or restless that yo not ced? Or the opposite, be so fidgety or restless that yo not ced? Or the opposite, be so fidgety or restless that yo not ced? Or the opposite, be so fidgety or restless that yo not ced? I ad breath l cough www.ith careal www.ith careal Indiversity of the cough Indiversity of the cough I wheexing l blood sputum of opposite, be so fidgety or restless that yo not ced? Indiversity of the cough Indiversity of the cough I wheexing l blood sputum opposite, be so fidgety or restless that yo not ced? Indiversity of the cough I and there oppole could have	blurring double vision						
pain/pressure (areas)	EARS, NOSE, THROAT, MOUTH:						
I sneezing decreased hearing Sweining Joint pain (area) so fidgety or restlepsith tay or have been moving around a moving around aroun					that other people could have noticed? Or the opposite, bein		
bad breath frequent nose bleeds warmth arthritis/gout problem with teeth/gums hoarseness SKIN and/or BREAST: more than usual? ESPIRATORY: wounds (area) thyroid trouble heat or ca ishortness of breath cough sores (area) thyroid trouble heat or ca ishortness of breath cough sores (area) thyroid trouble heat or ca isotoness of breath cough sores (area) thyroid trouble heat or ca isotoness of breath cough sores (area) thyroid trouble heat or ca isotoness of breath cough sores (area) thyroid trouble heat or ca isotoness of breath cough sores (area) thyroid trouble heat or ca isotoness of breath perform breast self exam discharge hunger diabetes ARDIOVASCULAR: NEUROLOGICAL: swolien glands hunger swolien glands hunger diabetes isw/shoulder/arm pain convulsions/seizures paralysis or fallowing/? swolien glands hunger dischordical sease iswish or bigeston/heaving			swelling	joint pain (area)			
Image: Seperators Image: Skill and/or BREAST: Image: Skill and/or BREAST: Image: Shortness of breath I cough Skill and/or BREAST: Image: Skill and/or BREAST: Image: Shortness of breath I cough Siris and/or BREAST: Image: Skill and/or BREAST: Image: Shortness of breath I cough Siris and/or BREAST: Image: Skill and/or BREAST: Image: Shortness of breath I cough Siris and/or BREAST: Image: Skill and/or BREAST: Image: Shortness of breath I cough Siris and/or BREAST: Image: Skill and/or BREAST: Image: Shortness of breath I cough Siris and/or BREAST: Image: Skill and/or BREAST: Image: Shortness of breath I cough Siris and/or BREAST: Image: Skill and/or BREAST: Image: Shortness of breath I cough Siris and/or BREAST: Image: Skill and/or BREAST: Image: Shortness of breath I cough Siris and/or BREAST: Image: Skill and/or BREAST: Image: Shortness of breath I cough Siris and/or BREAST: Image: Skill and/or BREAST: Image: Shortness of breath I cough Image: Skill and/or BREAST: Image: Skill and/or BREAST: Image: Skill and/or BREAST: Image: Skill and/or BREAST: Image: Skill and/or BREAST: Image: Skill and/or BREAST: Image: Skill and/or BREAST: Image: S							
ESPIRATORY: Wounds (area) Ithrow and other sectors Ishortness of breath cough wounds (area) Ithrow and other sectors Ishortness of breath cough sores (area) Ithrow and other sectors Ishortness of breath cough sores (area) Ithrow and other sectors Ishortness of breath discoloration lightening bruise easily excessive sweating Intolerance Ishortness of breath discoloration lightening bruise easily excessive sweating Intolerance Ishortness of breath itsoloration lightening bruise easily excessive sweating Intolerance Ishortness of breath inschoration itsightening bruise easily excessive sweating Intolerance Ishortness of breath inschoration itsightening bruise easily hunger Itabetes NEUROLOGICAL: Innumbress paralysis ontole states of glands Itandetece Ishortness of breath convulsions/seizures axition memory loss attenedetece attenedetece Ishortness of breath convulsions/seizures anxitey agitation<		-					
absortness of breath cough words (area) interview absortness of breath cough words (area) interview words (area) interview intolorance intolorance congestion/heaviness in chest dryness itching bruise easily intolorance asthma tuberculosis perform breast self exam discharge hunger diabetes ARDIOVASCULAR: NEUROLOGICAL: hunger swollen glands tendernes jaw/shoulder/arm pain convulsions/seizures PSYCHIATRIC: swollen glands tendernes iswisphibeitis convulsions/seizures PSYCHIATRIC: respiratory distress hived swolling/fluid retention rheumatic fever weeks you have experienced any of the following.) hay fever stress anxiety agitation memory loss depression (Check box if any time in the last 2 defression (Check box if any time in the last 2 defression (Check box if any time in the last 2 defression (Check box if any time in the last 2 defression (Check box if any time in the last 2 defression (Check box if any time in the last 2 defression (Check box if any time in the last 2 defression (Check box if any time in the last 2 defr							
Wheezing blood sputum <td></td> <td></td> <td>wounds (are</td> <td>a)</td> <td></td> <td></td>			wounds (are	a)			
Congestion/heaviness in chest discoloration tightening bruise easily excessive sweating thirs Sasthma tuberculosis perform breast self exam discharge hunger diabetes ARDIOVASCULAR: Developie control swellingling (area) discharge hunger diabetes Individual retention irregular/rapid beat numbness paralysis swollen glands tendernes Swelling/fluid retention rheumatic fever swolling/fluid retention rheumatic fever swelsion/heaving agitation memory loss Astrach problems indigestion/heaving vomitug stress anxiety agitation memory loss difficulty swallowing swel I depression (Check box if any time in the last 2 weeks you have experienced any of the following.) hay fever REPRODUCTIVE HEALTH: I stonach problems Little interest or pleasure in doing things? trouble falling or staying asleep, or sleeping too much? blood in vomitus I heemorrhoids pain Feeling down, depressed, or hopeless? feeling bad about yourself or that you are a failure or have let yourself or your family down? history of sexually transmitte disease gallblader disease	wheezing blood sputum			itching Drashe		-	
Jasthma Luberculosis	congestion/heaviness in chest	discoloration	i 🔲 tiahtenina				
high blood pressure introfloctoring swollenglands tendemes chest pain/pressure irregular/rapid beat numbness paralysis swollenglands tendemes jaw/shoulder/arm pain convulsions/seizures swollenglands tendemes jaw/shoulder/arm pain convulsions/seizures ALLERGIC/IMMUNOLOGIC: respiratory distress hives jaw/shoulder/arm pain convulsions/seizures PSYCHIATRIC: respiratory distress hives waricose veins/phlebitis depression (Check box if any time in the last 2 respiratory distress hives ASTROINTESTINAL: ueeks you have experienced any of the following.) hay fever gas diarrhea constipation Little interest or pleasure in doing things? rouble falling or staying asleep, or sleeping too much? subcod in stools blood in vomitus hemorrhoids pain Feeling down, depressed, or hopeless? eleing tired or having little energy? sexually ransmitted disease gallbladder disease hepatitis Feeling tired or having little energy? sexual problems gallbladder disease hepatitis Feeling tired or having little energy? sexual problems gallbladder disease	🗅 asthma 🛛 tuberculosis						
Cheest pain/pressure inregular/rapid beat in unming (and/out and						HEMATOLOGIC/LYMPHATIC:	
jaw/shoulder/arm pain Convulsions/seizures ALLERGIC/IMMUNOLOGIC: excessive sweating poor coloring SycHiATRIC: Irespiratory distress waricose veins/philebitis anxiety agitation memory loss astress anxiety agitation memory loss indigestion/heartburn nausea vomiting gas diarrhea constipation blood in stools blood in vomitus hemorrhoids pain rectal bleeding change in bowel habits gallbladder disease hepatitis special diet Feeling tired or having little energy? Bold print in medical history may indicate dietician/nutritional assessment. Special Learning Needs: No Yes, specify: Language Preference for Healthcare: English Other specify:		ranid heat					
Pexcessive sweating poor coloring poor coloring PSYCHIATRIC: ALLERGIC/IMMUNOLOGIC: Iswelling/fluid retention rheumatic fever PSYCHIATRIC: respiratory distress hives varicose veins/phlebitis anxiety agitation memory loss depression (Check box if any time in the last 2 difficulty swallowing swell ASTROINTESTINAL: weeks you have experienced any of the following. hay fever Indigestion/heartburn nausea vomiting Little interest or pleasure in doing things? Trouble falling or staying asleep, or sleeping too much? Buspected pregnancy Ibod in stools blood in vomitus Feeling down, depressed, or hopeless? history of sexually transmitted or have let yourself or your family down? history of sexually transmitted disease Igallbladder disease hepatitis Feeling tired or having little energy? sexual problems Special Learning Needs: No Yes, specify:		apid beat	_			of glands L anemia	
Swelling/fluid retention Indeumatic fever Indeumatic fever Indeumatic fever Indeumatic fever Varicose veins/phlebitis Indeumatic fever Index Index Index Index ASTROINTESTINAL: Index Inde		ring					
Varicose Veins/prilebitis		atic fever					
ASTROINTESTINAL: stomach problems indigestion/heartburn nausea vomiting gas diarrhea constipation blood in stools blood in vomitus hemorrhoids pain rectal bleeding change in bowel habits gallbladder disease hepatitis special diet FICE SE NY Bold print in medical history may indicate dietician/nutritional assessment. FICE SE NY ASTROINTESTINAL: weeks you have experienced any of the following.) Little interest or pleasure in doing things? Trouble falling or staying asleep, or sleeping too much? Trouble falling or staying asleep, or sleeping too much? Feeling down, depressed, or hopeless? Feeling bad about yourself or that you are a failure or have let yourself or your family down? Feeling tired or having little energy? Bold print in medical history may indicate dietician/nutritional assessment. Special Learning Needs: No Yes, specify: Language Preference for Healthcare: English Other specify:	varicose veins/phlebitis						
Stomach problems Little interest or pleasure in doing things? REPRODUCTIVE HEALTH: Indigestion/heartburn nausea vomiting Igas diarrhea constipation Iblood in stools blood in vomitus Trouble falling or staying asleep, or sleeping too much? Suspected pregnancy Iblood in stools pain Feeling down, depressed, or hopeless? Condom use Iblood rectal bleeding change in bowel habits Feeling bad about yourself or that you are a failure or have let yourself or your family down? history of sexually transmitted disease Iblood in tim medical history may indicate dietician/nutritional assessment. Special Learning Needs: No Yes, specify: Language Preference for Healthcare: English Other specify:	GASTROINTESTINAL:						
Indigestion/heartburn Inausea Vomiting Igas diarrhea constipation Indigestion/heartburn Insuble falling or staying asleep, or sleeping too much? Isuspected pregnancy Iblood in stools blood in vomitus Feeling down, depressed, or hopeless? Isuspected pregnancy Instory of sexually active Indigestion/heartburn Indusea Indusea Indusea Indusea Indusea Iblood in stools blood in vomitus Isuspected pregnancy Isuspected pregnancy Isuspected pregnancy Indusestion Isuspected pregnancy Isuspected pregnancy Isuspected pregnancy Industry Isuspected pregnancy Isuspected pregnancy Isuspected pregnancy Isuspected pregnancy Isuspected pregnancy Isuspected pregnancy Isuspected pregnancy Isuspected pregnancy			•	•		, ,	
gas G							
 a blood in volntds b hemorrhoids change in bowel habits cectal bleeding change in bowel habits gallbladder disease hepatitis Feeling bad about yourself or that you are a failure or have let yourself or your family down? Feeling tired or having little energy? b bodd print in medical history may indicate dietician/nutritional assessment. Special Learning Needs: No Yes, specify: Language Preference for Healthcare: English Other specify: 							
Prectal bleeding Change in bowel habits Feeling bad about yourself or that you are a failure or have let yourself or your family down? I history of sexually transmitted disease I gallbladder disease I hepatitis Feeling bad about yourself or your family down? I history of sexually transmitted disease I special diet Feeling tired or having little energy? Sexual problems FICE Special Learning Needs: No Yes, specify: Language Preference for Healthcare: English Other specify:		5	-			Condom use	
gallbladder disease hepatitis special diet FICE SE Language Preference for Healthcare: I Description: I Description: I Description: I disease I disease I sexual problems		wel habits					
Bold print in medical history may indicate dietician/nutritional assessment. FICE SE Language Preference for Healthcare: English Other specify:	🖵 gallbladder disease 📮 hepatitis						
FICE Special Learning Needs: INO I Yes, specify:	special diet		Feeling tired	or having little en	ergy?	Sexual problems	
Special Learning Needs: I NO I Yes, specify:							
NLY Language Preference for Healthcare: U English U Other specify:	Special Learning Nee	eds: 🖬 No 📮	Yes, specify: _				
Provider's Signature: Date/Time:	NLY Language Preference	ofor Healthcar	e: 🖵 English 🏾	Other specif	y:		
	Provider's Signature:					Date/Time:	

Patient Name:

Date of Birth:

FAMILY HISTORY	Father's Family Nother's Family Nother's Family				ADDITIONAL MEDICAL PROBLEMS:
Check if	Self				
you or					
you of your family		Diabetes			
member		Heart Trouble/ Murmur			
have had		Stroke or High Blood Press			
any of the		Asthma, Allergies, Hives, E			
following:		Blood Disease (Anemia, si	ICKIE CEII, etc.)		
ionowing.		Rheumatism, Arthritis			
			Prockdown		
		Mental Disease, Nervous E	Breakdown		
		Cancer. list type(s) Gallbladder Disease			
			liaaaaa		
		Birth Defects, Hereditary d			
		Migraines or other headac		omboliom)	
		Blood clots (thrombophleb		empolism)	
		High Cholesterol or Triglyc Breast abnormalities	erides	L	
		DES Exposure			ALLERGIES (drugs, latex,
		Lung Disease			foods, etc.)
		Thyroid Disease	lamaabramataa	ia Cirrhagia)	
		Liver Disease (Hepatitis, H	lemochiomatos		
		Kidney, Bladder Disease	liono		
		Epilepsy/Seizures/Convuls			
		History of Substance Abus Stomach or Intestinal Dise			
			ase		
		Osteoporosis			
HOSPITALIZA Date		ND/OR SURGERIES iagnosis / Procedure		T MEDICATIO	NS (including prescription,
		-			5
			1		
			3		7
			4		8
SAFETY: 1. Ha 2a. Do you fee 2b. Has any or 2c. If you answ 3. Do you keep 3.a. If you answ	ave you fa I safe at h ne ever - <u>I</u> vered "yes o firearms wered "ye	allen in the last year? YES home? YES Hit you? YES Threatened you? YES to any part of number 2 wou in the home? YES NO s" to number 3, do you take sa	NO NO - Insulted NO - Forced s INO - Forced s Id you like help afety precations	you or put you sex upon you? dealing with th with firearms i	down?
SOCIAL HIST		-			
Tobacco use <i>(sn</i>	noke or ch	ew): yes no If yes, what?		If no, h	ave you in the past 🗆 YES 🗅 NO
How much?	pe	er day x years 📮		·	
Alcohol use: 🖵 y Recreational Dru	/es 🖵 no	er day x years □ If yes, what? □ no If yes, what? yes, source	_ How much?	per da	ay x per week 🖵
Recreational Dru Caffeine: 🗍 ves	igs: u yes	Uno II yes, what?	amount	ner day	_ per day x per week
Exercise: U ves	no lf	ves, specify type		How often?	
Occupation:		Contact with chemical	s, lead, excessiv	e noise or blood	/ body fluids at work: Uyes Uno
ADVANCE DIRECTIVES	that you Would y	have an Advance Directive, i.e., v ı cannot make a decision yoursel /ou like information on Advance [en □ (staff use)	f about your care	e? Í Yes Í	v and health care provider in the event]No □Yes □No
Patient's Sign	ature	Dat	te	Patient Name:	

Date/Time

Provider's Signature

Date of Birth: