



**Social History**

*Tobacco*

- No
- Yes \_\_\_\_\_ppd x\_\_\_\_\_years

*Highest Level of Education*

- Less than High School
- High School
- Some College
- Bachelors
- Graduate School

*Marital Status*

- Single
- Married
- Civil Union
- Divorced
- Widow(er)

*Children*

- Boy(s) Age(s) \_\_\_\_\_
- Girl(s) Age(s) \_\_\_\_\_

*Occupation(s)*

*ETOH* \_\_\_\_\_

- No
- Yes \_\_\_C \_\_\_A \_\_\_G \_\_\_E

*Illicit Drug Use*

- No       Yes

Types/Quantity/Frequency

*Religious Preference*

*Advance Directive*

- Yes       No

**Nutritional/Exercise Assessment**

*Typical Breakfast*

\_\_\_\_\_

*Typical Lunch*

\_\_\_\_\_

*Typical Dinner*

\_\_\_\_\_

*Usual Snacks/Beverages*

\_\_\_\_\_

*Level of Activity (Exercise)*

- None       Occasional
- Regular     Vigorous

*Type of Exercise:*

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**What Are Your Top Main Concerns Today:**

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**Goals of Life:** What brings you joy, happiness, and a sense of purpose. What do you enjoy doing most days of the week?

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**How would you rate your current health state:**

Excellent      Good      Fair      Poor      Couldn't Say

**How would you rate your current motivation:**

Excellent      Good      Fair      Poor      Couldn't Say

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Review of Systems  
Current or Recent (Within one year)

Symptoms Circle what applies	Approx. Date of Onset	Symptoms Circle what applies	Approx. Date of Onset
Constitutional: Chills/Fever/Fatigue Chronic pain Sleep disturbances Weight loss/gain Intolerance of cold or heat  Memory Loss Changes in Personality		GenitoUrinary: Incontinence of Urine Urinary Pan/Burning Urinary Urgency Kidney Stones Vaginal Discharge Frequent UTI's Blood in urine Urinating at night	
Eyes: Blurred/Double vision Pain/Redness Vision Changes		Musculoskeletal: Pain/Swelling in joints Leg pain at rest Muscle Cramps/Weakness Falls Fractures Back Pain	
Ears, Nose, Mouth, Throat: Earache/Drainage Decreased hearing Nasal Congestion/Nosebleeds Sinus Problems Sore Throat Trouble Swallowing Swollen Glands		Skin: Rashes Lesion/Mass Past/Current Mole Changes	
Cardiovascular: Chest pain/tightness Passing out Palpitations/fluttering Dizzy/Lightheadedness Lower Extremity Edema Difficult sleeping on one pillow Shortness of Breath at rest		Neurological: Dizziness/Fainting Headaches Seizures Unstable Gait/Balance Vertigo Weakness Involuntary movements	
Respiratory: Cough/Wheezing Pain with Breathing Shortness of Breath		Mental Health: Depression Feeling Sad/Blue Not Enjoying Life	
Gastrointestinal: Abdominal Pain Constipation/Diarrhea Heartburn/Reflux/GERD Nausea/Vomiting Incontinence of Stool Blood in Stool		Safety: Do you wear your seatbelt Y/N Do you have guns in the home Y/N If yes, are they always locked up Y/N	

