

Patient _____

Date _____

SOCIAL HISTORY

Please indicate beside each activity whether you engage in it:
OFTEN="O" SOMETIMES="S" NEVER="N"

| | |
|----------------------------|-----------------------------|
| _____ Vigorous Exercise | _____ Family Pressures |
| _____ Moderate Exercise | _____ Financial Pressures |
| _____ Alcohol Use | _____ Other Mental Stresses |
| _____ Drug Use | _____ Other (Specify)_____ |
| _____ Tobacco Use | _____ |
| _____ Caffeine | _____ |
| _____ High Stress Activity | _____ |

FAMILY HISTORY

Please review the below-listed diseases and conditions and indicate those that are current health problems of the family member. **Leave blank those spaces that do not apply.** Circle your answers if your relative lives around this locality as some hereditary conditions are affected by similar climate.

Family members deceased _____ age of death _____ cause of death _____

| CONDITION | FATHER | MOTHER | SELF | SPOUSE | SISTER/BROTHER | CHILDREN |
|---------------------|---------|---------|---------|---------|----------------|----------|
| | AGE [] | AGE [] | AGE [] | AGE [] | AGE [] | AGE [] |
| Arthritis | | | | | | |
| Asthma-Hay Fever | | | | | | |
| Back Trouble | | | | | | |
| Bursitis | | | | | | |
| Cancer | | | | | | |
| Constipation | | | | | | |
| Diabetes | | | | | | |
| Disc Problem | | | | | | |
| Emphysema | | | | | | |
| Epilepsy | | | | | | |
| Headaches | | | | | | |
| Heart Trouble | | | | | | |
| High Blood Pressure | | | | | | |
| Insomnia | | | | | | |
| Kidney Trouble | | | | | | |
| Liver Trouble | | | | | | |
| Migraine | | | | | | |
| Nervousness | | | | | | |
| Neuritis | | | | | | |
| Neuralgia | | | | | | |
| Pinched Nerve | | | | | | |
| Scoliosis | | | | | | |
| Sinus Trouble | | | | | | |
| Stomach Trouble | | | | | | |
| Other: | | | | | | |
| | | | | | | |