

See other side

Social History

Do you smoke now? No ___ Yes ___ How many packs per day? _____ Ever try to quit? _____

Did you ever smoke No ___ Yes ___ If yes, when and how many packs per day? _____

Do you drink alcohol? No ___ Yes ___ How many drinks per week? ___ Was alcohol ever a problem in the past? ___

Marijuana? Never ___ Past ___ Current ___ Cocaine? Never ___ Past ___ Current ___ Other Drugs? _____

Sexual history – Active Yes ___ No ___ Partners – Male ___ Female ___ Both ___ Any concerns? _____

Number of years with current partner _____ Do you feel safe in your current relationship? _____

What kinds of exercise do you do? _____ How much and how often? _____

How healthy do you feel your eating patterns are right now? _____

How stressed are you with life right now? _____ What kind of stressors are you facing? _____