

☐ Other Pertinent Diagnosis:

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

Nutritional/Exercise Assessment*Typical Breakfast**Typical Lunch**Typical Dinner**Usual Snacks/Beverages**Level of Activity (Exercise)*

- ☐ None ☐ Occasional
☐ Regular ☐ Vigorous

*Type of Exercise:***What Are Your Top Main Concerns Today:**

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

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

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	

