

Health Maintenance

When were last immunized for: Flu _____, Pneumonia _____,
Shingles _____, Td _____ Tdap _____ Hepatitis B _____.

When was your last pap smear? _____ Where? _____

When was your last mammogram? _____ Where? _____

When was your last Colonoscopy? _____ Where? _____

Social History

Do you smoke? _____ yes _____ Not anymore _____ never smoked

How long have you smoked? _____

How many packs per day? _____

When did you quit? _____

Do you drink alcohol? _____ yes _____ not anymore _____ Never

How much do you drink per week? _____

What do you drink? _____

When did you stop drinking? _____

Do you exercise? _____ No _____ Yes, if yes how often _____/week

What type of exercise? _____

What is your race? _____ White _____ Black/African American _____ Asian
_____ Hispanic or Latino _____ American Indian/Alaskan Native _____ Other/Declined

What is your ethnicity? _____ Hispanic or Latino _____ Not Hispanic or Latino
_____ Unknown _____ Declined

Surgical History

List all of your past surgeries: _____

