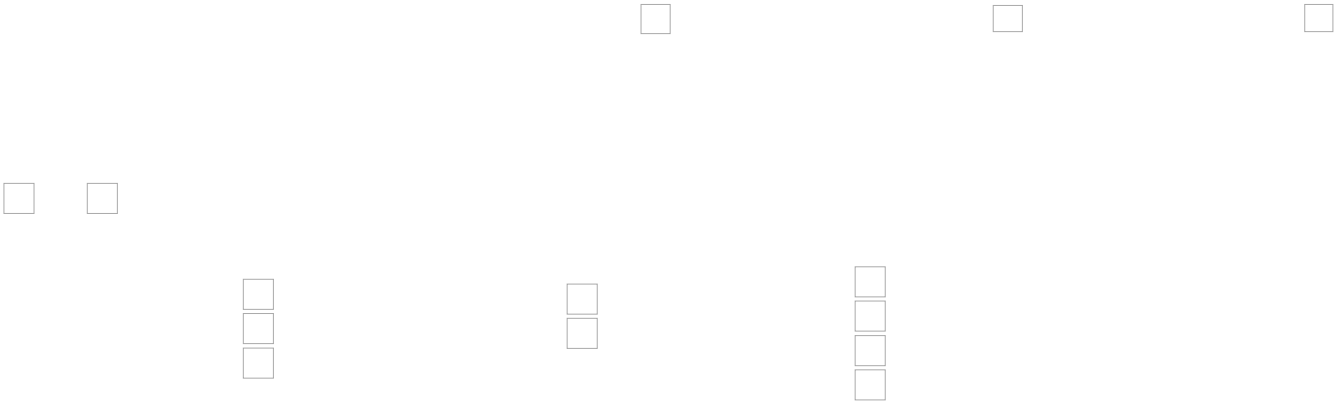

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Patient Registration

Family History – continued

Diagnosis	Mother	Father	Grand M	Grand F	Siblings	Children	Other
Hyperlipidemia / High Cholesterol	☐	☐	☐	☐	☐	☐	☐
Hypertension / High Blood Pressure	☐	☐	☐	☐	☐	☐	☐
Hyperlipidemia (High Cholesterol)	☐	☐	☐	☐	☐	☐	☐
Kidney Disease	☐	☐	☐	☐	☐	☐	☐
Liver Disease	☐	☐	☐	☐	☐	☐	☐
Lupus	☐	☐	☐	☐	☐	☐	☐
Mental Illness	☐	☐	☐	☐	☐	☐	☐
Obesity	☐	☐	☐	☐	☐	☐	☐
Osteoarthritis	☐	☐	☐	☐	☐	☐	☐
Osteoporosis	☐	☐	☐	☐	☐	☐	☐
Rheumatoid Arthritis	☐	☐	☐	☐	☐	☐	☐
Thyroid Disease	☐	☐	☐	☐	☐	☐	☐
Tuberculosis	☐	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐	☐

Social History

Occupation		Employer	
Do you have children? ☐ Yes ☐ No	How many?	Female(s)	Male(s)
Tobacco Use ☐ No	☐ Daily ☐ Weekly ☐ Rarely ☐ Former/Year quit:	☐ Chewing ☐ Pipe ☐ Cigar ☐ Cigarette ☐ Smokeless	
Alcohol Use ☐ No	☐ Daily ☐ Weekly ☐ Rarely ☐ Former/Year quit:	☐ Beer ☐ Wine ☐ Liquor ☐ Other	
Exercise Activity	☐ <30mins ☐ 30-60mins ☐ >60mins Days/Week:	Type of Exercise	
Caffeine Use ☐ No	☐ Daily ☐ Weekly ☐ Rarely ☐ Former/Year quit:	☐ Chocolate ☐ Coffee ☐ Soda ☐ Tea ☐ Energy Drinks ☐ Other	

Social History for Children

Patient Reside with:	Primary	☐ Mother	☐ Father	☐ Both Parents	☐ Other:
	Secondary	☐ Mother	☐ Father	☐ Other:	
Mother's Occupation			Father's Occupation		
Parents Relationship ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed			Childcare ☐ Mother ☐ Grandparent ☐ Father ☐ Nanny ☐ Sibling ☐ Daycare		
Tobacco Exposure: ☐ Yes ☐ No Smokers at home: ☐ Yes ☐ No			Patient is current smoker? ☐ Yes ☐ No		