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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_

### **PAST FAMILY HISTORY AND SOCIAL HISTORY**

FATHER: living \_\_\_\_ deceased \_\_\_\_ age \_\_\_\_ medical illnesses? \_\_\_\_\_

MOTHER: living \_\_\_\_ deceased \_\_\_\_ age \_\_\_\_ medical illnesses? \_\_\_\_\_

\_\_\_\_\_

#### **SIBLINGS:**

# Of Brothers: living \_\_\_\_ deceased \_\_\_\_ age \_\_\_\_ medical illnesses? \_\_\_\_\_

\_\_\_\_\_

# Of Sisters: living \_\_\_\_ deceased \_\_\_\_ age \_\_\_\_ medical illnesses? \_\_\_\_\_

\_\_\_\_\_

#### **CHILDREN:**

# Of Daughters: living \_\_\_\_ deceased \_\_\_\_ age \_\_\_\_ medical illnesses? \_\_\_\_\_

\_\_\_\_\_

# Of Sons: living \_\_\_\_ deceased \_\_\_\_ age \_\_\_\_ medical illnesses? \_\_\_\_\_

\_\_\_\_\_

Have you ever smoked? \_\_\_\_ When did you quit? \_\_\_\_ How much? \_\_\_\_ How long? \_\_\_\_

Do you drink caffeine? \_\_\_\_ How much? \_\_\_\_\_

Do you drink alcohol? \_\_\_\_ What type? \_\_\_\_\_ How much daily \_\_\_\_ weekly \_\_\_\_

monthly \_\_\_\_\_?

What is your living situation? \_\_\_\_\_

Working? \_\_\_\_ Retired? \_\_\_\_ What type of job do/did you have? \_\_\_\_\_