History Taking: General Information

Complete the information below. **Please print clearly.**

Name _____

Preferred Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

Occupation _____ Hours per Week _____ Retired ____

Nature of Business _____

Age ____ Date of Birth (YYYY-MM-DD) _____ Height _____ Weight _____

Place of Birth_____ Gender: Female ___ Male___

Genetic Background: Please check appropriate box(es):

❑ African American ❑ Hispanic ❑ Mediterranean ❑ Asian
❑ Native American ❑ Caucasian ❑ Northern Europea ❑ Other

❑ Right Handed ❑ Left Handed ❑ Mixed Dominance

❑ Married ❑ Separated ❑ Divorced ❑ Widowed ❑ Single ❑ Partnership

Aside from children, who lives at home with you (parents, relatives, and/or friends)? If any, please include age and relationship.

_____

_____

If you have children, please list their names, ages, and gender:

_____

_____

_____

_____

Number of Sisters: ____ (# deceased: ____) Number of Brothers: ____ (# deceased: ____)

Birth Order: ____

Do you have any pets or farm animals? ❑ Yes ❑ No

If yes, where do they live? ❑ Indoors ❑ Outdoors ❑ Both indoors and outdoors

Have you ever lived or travelled outside the United States? ❑ Yes ❑ No

If yes, when and where?

_____

_____

Have you or your family recently experienced any major life changes? ❑ Yes ❑ No

If yes, please comment:

_____

_____

Have you experienced any major losses in life? ❑ Yes ❑ No

If yes, please comment:

_____

_____

How much time have you lost from work or school in the past year?

❑ 0-2 days ❑ 3 –14 days ❑ > 15 days

Previous jobs:

_____

_____

_____

Please list your highest level of education:

- ❑ High School
- ❑ College _____ Major _____ Year _____
- ❑ Graduate School _____ Field _____ Year _____
- ❑ Professional School _____ Field _____ Year _____
- ❑ Did you have learning problems? _____

How did you hear about us? ❑ Book ❑ Website ❑ Media ❑ Friend/ family member

❑ Other _____

Has any other family member already been a patient here? If so, what is the family member's name? _____

Next of Kin (or other) to reach in an emergency _____

Relationship _____ Phone _____

Address _____

Who is your primary medical physician? _____

Primary medical physician address & office phone # _____

_____