				Patients	Name:			
Adult S	ummary	Form		Date of I	Birth:			
Drug Alle	rgies/Sensi	tivities:						
Emergenc	y Phone #:		Co	ontact Person	/Relationship:			
Date Medical Problems and Su			urgeries		I	Medications		
Y N Family Member □ □ Dementia □ □ Breast CA			Initial Ris	Initial Risk Assessment		Social History		
			☐ Alcohol Use			☐ Married ☐ Single		
						☐ Divorced ☐ Widow(er)		
□ □ CAD □ □ Stroke			☐ Marijuana Use					
Ovarian CA			☐ Vaping THC			☐ Separated		
□ □ Depression			Taping Tite					
☐ ☐ Diabetes Aneurysms			☐ Vaping Nicotine			Occupation: _		
□ □ Glaucoma			Smalring Cigarattes		45 1 - 1 - 1			
□ □ Cholesterol □ □ High BP			☐ Smoking Cigarettes		45 and older: Last colon cancer screening			
☐ ☐ Melanoma ☐ ☐ Prostate CA			☐ Smoking Cigars					
□ □ MEN	l II							
□ □ Med Thy	lullary roid CA							
Sionature:						Date:		