

If **YOU** or a **FAMILY MEMBER** has had any of the following, please circle and indicate which family member when applicable:

ADD/ADHD	<input type="checkbox"/>	Type 1 or 2 Diabetes	<input type="checkbox"/>	Respiratory Disease	<input type="checkbox"/>
Anemia	<input type="checkbox"/>	Fractures	<input type="checkbox"/>	Skin Disease	<input type="checkbox"/>
Allergies/Hay Fever	<input type="checkbox"/>	Gynecological Disease	<input type="checkbox"/>	Stomach/Colon Disease	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	Stroke	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	High Cholesterol	<input type="checkbox"/>	Seizure Disorder	<input type="checkbox"/>
Anxiety/Depression	<input type="checkbox"/>	Heart Attack	<input type="checkbox"/>	Thyroid Disorder	<input type="checkbox"/>
Alcoholism	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	Sexually Transmitted Disease	<input type="checkbox"/>
Blood Clots	<input type="checkbox"/>	Liver Disease	<input type="checkbox"/>	Other:	
Cancer, Type/s		Neurological Disease	<input type="checkbox"/>	_____	
_____		Osteopenia/Osteoporosis		_____	

Please list any **SURGERIES** you have had and include the month/year:

Social Information

Tobacco Use: Do you smoke? _____ If so, how many cigarettes/cigars per day: _____ No. of years smoking: _____ Do you chew tobacco? _____ Have you thought about quitting? _____ Have you quit before? _____ How long? _____

Alcohol Use: Do you drink alcohol? _____ If so, what type? _____ How many in 1 week? _____

Drug Use: Any history of illegal drug use? _____ If so, what type/s? _____ When? _____

Do you **exercise**? _____ What activities do you do, and how often in 1 week? _____

Are you on any special **diet**? _____ If so, what? _____

Do you consume any **caffeinated** products? _____ If so, what and how much per day? _____

Have you recently noticed an increase in sadness or gloominess? _____

Have you lost interest in enjoyable activities? _____

Do you have a living will? _____ If yes, please provide us a copy.