

North Texas Family Health

Social History/Allergies

15 August, 2019

Check all applicable boxes:

Tobacco use:

- | | | |
|---|---|---|
| <input type="checkbox"/> Never smoked | <input type="checkbox"/> Smokeless tobacco use | <input type="checkbox"/> Vape - E-cig user |
| <input type="checkbox"/> Current every-day smoker | <input type="checkbox"/> Current some-day smoker | <input type="checkbox"/> Former smoker |
| <input type="checkbox"/> Heavy (21+ per day) | <input type="checkbox"/> Moderate (11-20 per day) | <input type="checkbox"/> Light (1-10 per day) |

Alcohol use:

- | | | |
|---|--|---|
| <input type="checkbox"/> Do not consume | <input type="checkbox"/> Daily consumption | <input type="checkbox"/> Frequent consumption (2+ per week) |
| <input type="checkbox"/> Social consumption | <input type="checkbox"/> Rare consumption | <input type="checkbox"/> History of Alcoholism |

Drug Abuse:

- | | | | | | |
|---------------------------------------|--------------------------------------|--|-------------------------------------|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Never used | <input type="checkbox"/> Daily use | <input type="checkbox"/> Frequently used | <input type="checkbox"/> Social use | <input type="checkbox"/> Rarely used | |
| <input type="checkbox"/> Recreational | <input type="checkbox"/> Illicit use | <input type="checkbox"/> Injected | <input type="checkbox"/> Smoked | <input type="checkbox"/> Oral | <input type="checkbox"/> Other |

Cardiovascular Health:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Eat healthy meals | <input type="checkbox"/> Regular exercise | <input type="checkbox"/> Maintains healthy weight | <input type="checkbox"/> Take daily aspirin |
|--|---|---|---|

Safety:

- | | | |
|--|---|---|
| <input type="checkbox"/> Smoke detectors in home | <input type="checkbox"/> Firearms in home | <input type="checkbox"/> Wear seatbelts |
|--|---|---|

Sexual Activity:

- | | | | | |
|--|--|--|--|-------------------------------------|
| <input type="checkbox"/> Not sexually active | <input type="checkbox"/> Sexually active | <input type="checkbox"/> Safe sex practice | <input type="checkbox"/> Monogamous | <input type="checkbox"/> Polygamous |
| <input type="checkbox"/> Exposure to STIs | <input type="checkbox"/> Homosexual encounters | <input type="checkbox"/> Paid for sex | <input type="checkbox"/> Risky sexual practice | |

Birth Gender:

- | | | | | |
|-------------------------------|---------------------------------|---|---|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Undifferentiated | <input type="checkbox"/> Identifies as Male | <input type="checkbox"/> Identifies as Female |
|-------------------------------|---------------------------------|---|---|---|

Allergies:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> No known allergies | <input type="checkbox"/> Unknown allergy | <input type="checkbox"/> Severe allergy | <input type="checkbox"/> Life-threatening allergy |
| <input type="checkbox"/> Allergic to medication(s) | _____ | | |
| <input type="checkbox"/> Allergic to food(s) | _____ | | |
| <input type="checkbox"/> Environmental allergies | _____ | | |
| <input type="checkbox"/> Severe Allergic Reaction(s) | _____ | | |