



STUART M. HOMER MD & ASSOCIATES

HYPERTENSION • NEPHROLOGY • INTERNAL MEDICINE

SOCIAL HISTORY QUESTIONNAIRE

Patient Name: _____ Date: _____

SOCIAL HISTORY:

Educational Level: (circle) Grade School High School College Post Graduate

Birthplace: _____ **Religion:** (optional) _____

Pets: _____ **Marital Status:** _____

Tobacco Use:

Ever use Tobacco? (circle) Yes No

Type of tobacco use: (circle) cigarettes cigars pipe snuff chew vape

Year started smoking: _____ **Year quit smoking:** _____

Number of cigarettes smoked per day: _____

Alcohol Use:

How often did you have a drink containing alcohol in the past year? Never: _____

Daily: How many _____ **Weekly:** How many _____ **Monthly:** How many _____

FAMILY HISTORY:

Father's Medical Problems: _____

Still living? Yes No **Age of death:** _____ **Cause of death:** _____

Mother's Medical Problems: _____

Still living? Yes No **Age of death:** _____ **Cause of death:** _____

Siblings Medical Problems:

Brother/Sister: _____

Brother/Sister: _____

Brother/Sister: _____

Brother/Sister: _____

Brother/Sister: _____

Do you have any blood relatives with the following medical problems?

- | | | |
|---------------------|----------------------------|----------------------|
| Kidney Disease | Diabetes | Blood Clots |
| Bladder Problems | Heart Disease | Rheumatoid Arthritis |
| Prostate Problems | Stroke | Emphysema/COPD |
| High Blood Pressure | Connective Tissues Disease | Cancer |
| Asthma | Sleep Apnea | |

OCCUPATIONAL HISTORY:

Occupation: Current: _____

Previous: _____

Have you ever had occupation exposure to any of the following?

Asbestos Chemical Dust Metal Dust Gas Fumes Lead Other: _____

Describe length and type of exposure: _____