



# 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:** \_\_\_\_\_

#### Tobacco Use:

**Ever use Tobacco?** (circle)    Yes    No

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

**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?

**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: \_\_\_\_\_