

PATIENT Social History

Please provide information below about your social history

Tobacco Use

Type	Use Status	Last Used	Packs Per day	Years	Cessation Attempts	Last Cessation RX

Alcohol Use

Type	Use Status	Last Used	Amount	Packaging (can, shot, bottle)	Frequency

Recreational Drug Use

Type	Use Status	Last Used	Amount	Frequency

Coffee/Tea: Cups per day _____ Caffeinated Soda: Ounces per day _____

Who lives with you? _____ Pets? _____

Occupation: _____ How Much Exercise? _____

Religious Preference: _____

Other