



WEST
MICHIGAN
FAMILY
MEDICINE

2120 43rd Street SE Suite 200
Kentwood, MI 49508

Patient Social History

Patient Name: _____

ILLNESSES – Check all that apply for yourself or family members including:

Mother, Father, Brothers, Sisters and Grandparents

Check One:

Married Single Widowed Divorced

Number of Children:

Number of Pregnancies:

Are you a smoker? Yes No

If yes, how many packs per day?

Year that you quit:

Do you consume alcoholic beverages?

Check one: Daily Weekly Occasionally Never

Do you use street drugs? Yes No

Check one: Daily Weekly Occasionally Never

Do you exercise on a regular basis? Yes No

How many days a week?

Do you wear your seat belt? Yes No

Do you consume caffeine on a daily basis? Yes No

If yes, how many caffeinated beverages per day?

- High blood pressure
- Heart problems, murmur, heart failure
- Stroke
- High cholesterol
- Asthma, Emphysema
- Liver problems, hepatitis
- Ulcer
- Urinary problems, prostate problems, kidney stones
- Diabetes
- Thyroid problems
- Anemia
- Blood clot
- Bleeding disorder
- Cancer
- Seizure, Epilepsy
- Depression
- Mental illness
- Suicide attempt
- Alcohol / Drug Abuse
- Eye problems, cataract, glaucoma
- Skin problems, eczema, psoriasis
- Arthritis
- Rheumatic fever
- Chicken Pox
- Sexually transmitted diseases (gonorrhea, chlamydia, syphilis, genital warts)
- Problems with Immune system (including HIV/AIDS)