

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I am sexually active: Yes No I have sex with: men women both NA

Work status: employed homemaker unemployed retired disabled

Current or prior occupation(s): \_\_\_\_\_ Highest level of education: \_\_\_\_\_

Type of residence? apartment home condo assisted living nursing home homeless

Military history: none active guard/reserve veteran retired Branch: \_\_\_\_\_ years \_\_\_\_\_

What is your exercise routine? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Diet: Do you have a routine diet? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Alcohol use: never used no longer use recovering alcoholic drinks per week \_\_\_\_\_

Tobacco use: never used age started \_\_\_\_\_ age stopped \_\_\_\_\_ packs/amount per day \_\_\_\_\_

Type used: cigars cigarettes chew snuff electronic other \_\_\_\_\_

Family health history:

	Living or deceased	Age now or at death	Major health problems or cause of death
Father	L D		
Mother	L D		
Sister(s)	L D		
	L D		
	L D		
Brother(s)	L D		
	L D		
	L D		

Current medications (include dosage and frequency): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_