



PATIENT INTAKE FORM

Tobacco Use History

Tobacco Use?												es of le all				d:	Cię	gare	ttes	Pip	е		Ciga	ar	
Packs/Day (circle o	ne)	0 .5	1	1.5	2	С	ther					s Us		. арр	197										
Quit Date:												s os Date								-			-		—
Smokeless Tobacco	0											s (ci		ono)				uff		Ch					—
Quit Date:												nseli					Ye								
Ready to Quit: Comments:	Yes	N	0									le on		iiveii			16	5		No					
Surgical History (m	ark a	ll that a	pply)																						
Appendectomy		☐ Yes	□ No)	C-	-sect	ion					Yes		No		Pro	stat	e su	rger	У			Yes		No
Brain surgery		☐ Yes	☐ No)	Ey	ye sı	ırge	ſУ				Yes		No		Sm	nall ir	ntest	tine	surg	ery		Yes		No
Breast surgery		☐ Yes	□ No)	Ca	ardia	С					Yes		No		Blo	od t	rans	fusio	on			Yes		No
CABG		☐ Yes	☐ No)	Н	ernia	rep	air				Yes		No		Ch	olec	yste	cton	ny			Yes		No
Hysterectomy		☐ Yes	□ No)	Τι	ıbal l	igati	on				Yes		No		Со	lon s	surge	ery				Yes		No
Joint replacement		☐ Yes	□ No)	Vá	alve	repla	cem	ent			Yes		No		Co	sme	tic s	urge	ry			Yes		No
Other surgical histo	ory:																								
				Arthritis	Asthma	Birth defects	Cancer	COPD	Depression	Diabetes	Early death	Hearing loss	Heart disease	High blood pressure	Kidney disease	Learning disabilities	Mendal illness	Mental retardation	Miscarriages	Stroke	Substance abuse	Vision loss			
Relationship	Sta	tus		Art	Ast	Birt	Car	00	Dek	Dia	Ear	He	Не	Η̈́́	Kid	Lea	Me	Me	N N	Stro	Suk	Visi			
Mother																									
Father																									
Sister																									
Brother																									
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Father's sister																									
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Mother's mother																									
Mother's father																									
Father's mother																									
Father's father																									
Other																									
Neg Hx																									
Details:																									
Age of onset:																									
Comments:						-														-					

ledical History (mark							
Anemia	☐ Yes ☐	No Dia	betes mellitus	☐ Yes	☐ No	Myocardial infarction	☐ Yes ☐ No
Anxiety	☐ Yes ☐	No Em	physema	☐ Yes	☐ No	Nerve/muscle disease	☐ Yes ☐ No
Arthritis	☐ Yes ☐	No Gla	ucoma	☐ Yes	☐ No	Osteoporosis	☐ Yes ☐ No
Asthma	☐ Yes ☐	No Hea	art murmur	☐ Yes	☐ No	Seizures	☐ Yes ☐ No
Blood transfusion	☐ Yes ☐	No HIV	//AIDS	☐ Yes	☐ No	Sickle cell anemia	☐ Yes ☐ No
Cancer	☐ Yes ☐	No Hyp	pertension	☐ Yes	☐ No	Stroke	☐ Yes ☐ No
Cataracts	☐ Yes ☐	No Kid	ney disease	☐ Yes	☐ No	Substance abuse	☐ Yes ☐ No
CHF	☐ Yes ☐	No Me	eningitis	☐ Yes	☐ No	Thyroid disease	☐ Yes ☐ No
Clotting disorder	☐ Yes ☐		mune Reconstitution	1 1 700	□No	Tuberculosis	☐ Yes ☐ No
COPD	☐ Yes ☐	No Infla	ammatory Syndrome	е 🗀 163		Ulcers	☐ Yes ☐ No
Depression	Yes	No					
ocioeconomic History	(mark all tha	t apply)					
Occupation:			E	Employer:			
Marriage status:				Spouse nar	ne:		
# of children:							_
Years of education:				Comments	:		
Language:							
Ethnicity:							
Race:							
Race:lealthcare Directive							
lealthcare Directive		☐ Yes		Unknown		Comments:	
lealthcare Directive Healthcare Directive:		☐ Yes	No	Unknown e □ Co	blorado MO	Comments: ST Form ☐ Living Will	(e.g. Five Wishes
lealthcare Directive		☐ Yes	□ No □	e 🗌 Co	olorado MO (MDPOA)	ST Form	(e.g. Five Wishes
lealthcare Directive Healthcare Directive: Type of Healthcare Directive	ective	☐ Yes ☐ Cold ☐ Med	□ No □	e 🗌 Co			(e.g. Five Wishes
Healthcare Directive: Type of Healthcare Directive: Additional Type of Heal	ective	☐ Yes ☐ Cold ☐ Med	□ No □ prado CPR Directiv dical Durable Power	e Co	y (MDPOA)	ST Form Living Will Other (comment)	(e.g. Five Wishes
Healthcare Directive: Healthcare Directive: Type of Healthcare Directive Additional Type of Healthcare Copy in chart:	ective Ithcare Directiv	☐ Yes ☐ Cold ☐ Med	□ No □ prado CPR Directiv dical Durable Power	e Co		ST Form Living Will Other (comment)	·
Healthcare Directive: Type of Healthcare Directive: Additional Type of Healthcare Copy in chart: Medical Durable Power	ective Ithcare Directiv r of Attorney:	☐ Yes☐ Cold☐ Med	□ No □ prado CPR Directiv dical Durable Power	e Co	y (MDPOA)	ST Form Living Will Other (comment) Other (comment) Phone: Phone:	
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Healthcare Directive Healthcare Directive: Type of Healthcare Directive: Additional Type of Healthcare Directive of Provided: Person to make visitor of Harmacy Selection Most medication prescripts of Healthcare of Healthca	ective Ithcare Directive r of Attorney: edical proxy: ical give/organ formation formation decisions: ptions can be ecord.	☐ Yes☐ Cold☐ Med Te:☐ Yes, Name: Name: Name:☐ Yes Name:☐ Yes Name:☐ Yes Name:☐ Yes Mame: ☐ Yes Name: ☐ Yes Name: ☐ Yes Name: ☐ Yes	No	of choice.	y (MDPOA) by requeste	ST Form Living Will Other (comment) d Other (comment) Phone: Phone: Phone:	
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