

# ADULT EXTENDED HISTORY FORM

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Past Medical History</b> <input type="checkbox"/> See Adult Summary Form	<b>Past Surgical History</b> <input type="checkbox"/> See Adult Summary Form	<b>Immunizations</b> <input type="checkbox"/> See Health Maintenance Flowsheet
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<p><b>Social History</b></p> <p><i>Tobacco</i></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes ____ ppd x ____ years</p> <p><i>Stage</i></p> <p><input type="checkbox"/> Precontemplation <input type="checkbox"/> Contemplation <input type="checkbox"/> Action <input type="checkbox"/> Consolidation <input type="checkbox"/> Relapse</p> <p><i>Etoh</i></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes ____ C ____ A ____ G ____ E</p> <p><i>Illicit Drug Use</i></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes Types / Quantity / Frequency _____</p>	<p><i>Marital Status</i></p> <p><input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)</p> <p><i>Children</i></p> <p><input type="checkbox"/> Boys(s) Age(s) _____ <input type="checkbox"/> Girl(s) Age(s) _____</p> <p><i>Occupation(s)</i></p> <p>_____</p> <p><i>Religious Preference</i></p> <p>_____</p> <p><i>Advance Directive</i></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Interval Change; See Adult Summary Form</p>
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<p><b>Nutritional / Exercise Assessment</b></p> <p><i>Typical Breakfast</i></p> <p>_____</p> <p><i>Typical Lunch</i></p> <p>_____</p> <p><i>Typical Dinner</i></p> <p>_____</p> <p><i>Usual Snacks / Beverages</i></p> <p>_____</p> <p><i>Level of Activity (Exercise)</i></p> <p><input type="checkbox"/> None <input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Vigorous</p> <p><i>Type of Exercise:</i></p> <p>_____</p>
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<p><b>Family History</b></p> <p><i>Mother</i></p> <p><input type="checkbox"/> Alive, Age ____ <input type="checkbox"/> Deceased, Age ____ of ____</p> <p><i>Sister(s)</i></p> <p><input type="checkbox"/> Alive, Age ____ <input type="checkbox"/> Deceased, Age ____ of ____ <input type="checkbox"/> Alive, Age ____ <input type="checkbox"/> Deceased, Age ____ of ____ <input type="checkbox"/> Others</p> <p><input type="checkbox"/> No Interval Change; See Adult Summary Form</p>	<p><i>Father</i></p> <p><input type="checkbox"/> Alive, Age ____ <input type="checkbox"/> Deceased, Age ____ of ____</p> <p><i>Brothers(s)</i></p> <p><input type="checkbox"/> Alive, Age ____ <input type="checkbox"/> Deceased, Age ____ of ____ <input type="checkbox"/> Alive, Age ____ <input type="checkbox"/> Deceased, Age ____ of ____ <input type="checkbox"/> Others</p>
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<p><b>Notes</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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**Notes**

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Signature \_\_\_\_\_ Date \_\_\_\_\_