



AKLILU & COBIAN INFECTIOUS DISEASES, LLC
PATIENT MEDICAL HISTORY



SOCIAL HISTORY:

Marital Status: Married Single Widowed Divorced

Sexual Orientation: Heterosexual Homosexual Bisexual Transgender

Cigarettes: Never Former Occasional Current
How many packs per day? _____ How many years? _____

Alcohol: Never Former Occasional Moderate Heavy
How much? _____ How many years? _____ Have you quit? _____

Chewing Tobacco: Never Former Occasional Moderate Heavy
How much? _____ How many years? _____ Have you quit? _____

Recreational Drugs: Never Former Occasional Current
Type of drugs: _____
How much? _____ How many years? _____ Have you quit? _____

Animal exposure and which one? _____

Are you pregnant? _____

Number of Siblings? _____

Number of Children? _____

Do you have an Advance Directive? Yes No

If so, please supply us with a copy. If not, here is a link to obtain a form for your state
<http://www.aarp.org/home-family/caregiving/free-printable-advance-directives/>

FAMILY HISTORY:

	Please list: Mother, Father, Sister, Brother, Aunt, Uncle, Cousin, etc.	Maternal Side	Paternal Side
Bleeding Disorder			
Cancer			
Type:			
Diabetes			
Epilepsy			
Glaucoma			
Heart Disease			
Hypertension			
Hepatitis:			
A B C			
Kidney Disease			
Mental Illness			
Osteoporosis			
Stroke			
Thyroid Disease			