

Social History

Name: _____ Chart #: _____ Today's Date: _____ Doctor: _____

- Introduction
 Social history was reviewed and was found to be consistent with previous findings.

Marital Status? Single Married Divorced Separated Widowed

Number of children 0 1 2 3 4 5 6 7 8 9 10+

Highest level of education

- not completed high school high school graduate a Master's degree completed medical school
 GED diploma or equivalent an associate's degree a PH.D. completed a doctorate program
 completed trade school a bachelor's degree completed law school (other than medical)

Do you eat a well-balanced diet?

- never
 rarely
 occasionally
 usually
 regularly

Do you exercise?

- never
 rarely
 occasionally
 usually
 regularly

Types of exercise:

- running/jogging swimming soccer
 walking baseball tennis
 weightlifting basketball
 yoga/Pilates football
 group exercises golf

Do you drink alcohol? never occasionally frequently (more than 3 days per week) daily

Do you use tobacco products? never occasionally frequently (more than 3 days per week) daily

Have you ever used illegal drugs? Yes No **Have you had a substance abuse problem?** Yes No

If yes, which drug(s)?

- acid
 angel dust
 cocaine
 crack
 crystal meth
 ecstasy
 heroin
 LSD
 marijuana
 opium
 phencyclidines

If yes, with which substance(s)?

- | General | | Specific |
|---|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> alcohol | <input type="checkbox"/> adderall | <input type="checkbox"/> marijuana |
| <input type="checkbox"/> amphetamines | <input type="checkbox"/> ambien | <input type="checkbox"/> methodone |
| <input type="checkbox"/> anti-depressants | <input type="checkbox"/> beer | <input type="checkbox"/> naproxen |
| <input type="checkbox"/> cannabis | <input type="checkbox"/> celebrex | <input type="checkbox"/> paxil |
| <input type="checkbox"/> crack/cocaine | <input type="checkbox"/> celexa | <input type="checkbox"/> prozac |
| <input type="checkbox"/> diet pills | <input type="checkbox"/> cigarettes | <input type="checkbox"/> ritalin |
| <input type="checkbox"/> hallucinogens | <input type="checkbox"/> cigars | <input type="checkbox"/> skelaxin |
| <input type="checkbox"/> inhalants | <input type="checkbox"/> cocaine | <input type="checkbox"/> soma |
| <input type="checkbox"/> methamphetamine | <input type="checkbox"/> crack | <input type="checkbox"/> tramadol |
| <input type="checkbox"/> muscle relaxants | <input type="checkbox"/> crystal meth | <input type="checkbox"/> ultracet |
| <input type="checkbox"/> nicotine | <input type="checkbox"/> ecstasy | <input type="checkbox"/> ultram |
| <input type="checkbox"/> opiates | <input type="checkbox"/> effexor | <input type="checkbox"/> vicodin |
| <input type="checkbox"/> pain medications | <input type="checkbox"/> flexeril | <input type="checkbox"/> vicoprofen |
| <input type="checkbox"/> phencyclidines | <input type="checkbox"/> hard liquor | <input type="checkbox"/> vioxx |
| <input type="checkbox"/> sleeping pills | <input type="checkbox"/> hydrocodone | <input type="checkbox"/> zanaflex |
| <input type="checkbox"/> steriods | <input type="checkbox"/> ibuprofen | <input type="checkbox"/> xanax |
| <input type="checkbox"/> | <input type="checkbox"/> lorcet | <input type="checkbox"/> zoloft |
| <input type="checkbox"/> | <input type="checkbox"/> lortab | <input type="checkbox"/> |

Have you had treatment for substance abuse? Yes No

Additional Notes/Comments: