

Social History

Name: _____ Date: _____

Marital Status: 0 Single 0 Married 0 Divorced 0 Widowed 0 Other

Present Occupation: _____

What type of work did you perform in the past: _____

Any history of drug abuse: YES _____ NO _____ If yes, indicate what: _____

Do you drink alcohol: YES _____ NO _____ If yes, how many glasses a day: _____

Do you presently smoke: YES _____ NO _____ If yes, how many packs a day: _____

If you quit, how long ago: _____ If yes, for how many years: _____

Educational level (Please check highest)

High school graduate College Graduate Post-graduate degree Other

Have you ever had sexual contact with a person who may have been exposed to or infected with

the AIDS virus: YES _____ NO _____

Have you ever had any of the following transmitted diseases:

Gonorrhea YES _____ NO _____ Syphilis YES _____ NO _____

AIDS YES _____ NO _____ Hepatitis YES _____ NO _____

HIV positive YES _____ NO _____

Have you had a blood transfusion: YES _____ NO _____ If yes, when: _____

History Reviewed: _____

Date: _____

Physicians signature: _____