

SOCIAL HISTORY

Do you currently smoke? Yes _____ No _____ How long have you/did you smoke? _____
How many packs per day do/did you smoke? _____ If history of smoking, when did you quit? _____

Do you currently use drugs? Yes _____ No _____ How long have you used drugs? _____ Quit Date? _____

Do you drink alcohol? Yes _____ No _____ Number of drinks per week? _____ History of alcohol abuse? _____

HEALTH MAINTENANCE

IMMUNIZATIONS - please list date of last immunization if received

COVID _____ Influenza: _____ Shingles: _____ Pneumonia: _____ Td/Tdap: _____

CANCER SCREENINGS – please list date of last screening

Colorectal Screening (colonoscopy or fecal occult blood): _____

PSA Screening (men only): _____

Mammogram (women only): _____

Lung cancer screening (if history of smoking 30+ packs/year and quit within 15 years): _____

CHRONIC CONDITION SCREENINGS – please list date of last screening

Lipid Screen: _____

Diabetes Screen: _____

Osteoporosis Screen (women 65+ and some men) : _____

Overall do you feel that your health is:

Excellent: _____ Good: _____ Fair: _____ Poor: _____

I hereby authorize the release of this information and the results on any physical examination to Oak Medical.
This information is true and correct to the best of my knowledge.

Signature – Patient or Patient’s Legal Representative

Date

Relationship to Patient (if Legal Representative)