Social History:

Marital status: Single Married Divorced Widowed Separated

Do you smoke? Yes No Packs/day How many years?

Do you drink alcohol? Yes No Drinks/day Drinks per week

Do you drink caffeine? (soda, tea, coffee) Yes No Drinks/day

Do you use nonprescription/illicit drugs? Yes No What kind?

What is your current exercise level? Minimal Moderate Intense

What is your stress level (mental/emotional)? Low Moderate High

Do you sleep: Well Moderate Poor

List your favorite hobbies from most to least:

List your personal interests:

Occupational History:

What is your occupation? **How long?**

Lifting requirements: Heavy (more than ½-body weight) Medium (1/4-body weight) Light (less than 10 lb)

Satisfaction level of your current job: Super Good Average Poor

Education: Grade School High School College Graduate Post Graduate

These are the things I currently do to enhance and support my health:

Drink plenty of water	Eat organically grown foods	Vitamins / minerals / herbs
Exercise regularly	Maintain the proper weight	Get plenty of rest
Receive regular massages	Acupuncture	Meditate / pray
Yoga / Pilates / aerobics	Counseling or therapy	Orthotics or heel lifts
Drink alcohol in moderation	Use a cervical pillow	Self help books
Attend religious services	Maintain a positive attitude	Colonoscopy
Homeopathic remedies	Annual physical examination	Laughter

_____ _____ _____

Name Signature Date