

SOCIAL HISTORY

Single Married Widowed Divorced

Level of Education: Elem. Grade _____ High School Grade Complete _____ College Grad / Years _____

Number of Children? # _____

Do you Smoke? Yes No If yes, how long? Years: # _____

Please Circle # of Packs Per Day: 0 ½ 1 1½ 2 2½ 3 More than 3

Do you have a history of smoking? Yes No When did you quit? Year: _____

Do you use smokeless tobacco (e.g. Chewing tobacco or Skoal)? Yes No

Do you drink alcohol? Yes No

How much and how often? Amount: _____

Rarely Occasionally Frequently Daily

How long have you been drinking? _____ # Years Ever treated for alcohol abuse? Yes No

Are you currently using or have you ever used illicit drugs? Yes No

What type? (cocaine/heroin/marijuana, etc.): _____

OCCUPATIONAL HISTORY

Employer / Occupation: _____

Are you currently working? Yes No Date last worked: _____

What is your work status now?

Full Time Part Time Laid Off Fired Retired (Date _____)

Disabled Light Duty Restrictions _____

Are your current symptoms due to a work related injury? Yes No

(If injured) Date of injury: _____

State (e.g. TN, VA, KY, NY) where injury occurred: _____