

Catherine Screnci M.D.

FAMILY MEDICAL AND SOCIAL HISTORY FORM

Please answer every question! If you mark YES, please specify which family member in right column.

| Name of Patient: | | D.O.B.: | |
|--|-----|---------|---------------|
| History Question | YES | NO | Family Member |
| | | | |
| Deafness | | | |
| Nasal allergies | | | |
| Asthma | | | |
| Tuberculosis | | | |
| Heart Disease (prior to age 50) | | | |
| High Blood Pressure (prior to age 50) | | | |
| High Cholesterol | | | |
| Anemia | | | |
| Bleeding disorders | | | |
| Liver Disease | | | |
| Kidney Disease | | | |
| Diabetes (prior to age 50) | | | |
| Bed Wetting (after age 10) | | | |
| Epilepsy or Convulsions | | | |
| Alcohol Abuse | | | |
| Drug Abuse | | | |
| Mental Illness | | | |
| Mental Retardation | | | |
| Immune Problems (HIV, AIDS, etc) | | | |
| Other Significant Problems | | | |
| Social History Questions | YES | NO | Explanation |
| | | | |
| Lives with an intact family | | | |
| Non-intact custody status | | | |
| Visitation status of non- custodial parent(s) | | | |
| Siblings | | | |
| Pets | | | |
| Smokers in the home | | | |
| Guns in the home | | | |
| Other significant problems | | | |