

Adult Case History Form

Patient Name: _____ Date of Completion: _____

Date of Birth: _____ Gender: _____ Primary Language: _____

Marital Status: Single Married Divorced Widowed Domestic Partner

Race: White African-American Asian American Indian Other: _____

Ethnicity: Hispanic or Latino

Current Employment Status: Full-time Part-time Retired Unemployed Stay at Home Parent Student

Current Employer: _____ Position: _____

Highest Level of Education: _____

Do you currently use recreational drugs? Yes No

If yes, what drugs: _____

How often: Daily Weekly Monthly Occasionally Rarely

Have you used a tobacco product (cigarette, cigar, smokeless tobacco) one or more times in the past 24

months? Yes No

If yes, how often have you used a tobacco product in the past 24 months? _____

If yes, what do you use: Cigarettes Cigars Pipe Smokeless Other: _____

If yes, amount of use per day: _____

Do you currently drink alcoholic beverages? Yes No

If yes, how often: Daily Weekly Monthly Occasionally Rarely

Medical History

Current Medications:

Drug Name	Dosage (mg)	Frequency (how often)	Route (into body)

Allergies (foods, medications, plastics, etc.): _____