

Social History Form

Please provide the following requested information.

Tobacco use:

Smoking: Y/N Former smoker: Y/N If yes, how long since your last smoke: _____

If yes, how often: every day :: some days but not every day

If yes, how much: < 5, 6-10, 11-20, 21-30, <30

How soon after waking do you smoke: < 5 minutes, 6-30 mins, 31-60 mins, > 60 min

Are you interested in quitting: Y/N

Smokeless Tobacco: Y/N

If yes, what kind: Chewing Tobacco, Dipping Tobacco/snuff

If yes, how often: every day :: some days but not every day

If yes, how much: < 1 can/pouch a day, 1 can/pouch a day, > 1 can/pouch a day

Alcohol intake:

Do you drink: Y/N

How often: Occasional intake, Regular intake, In recovery

Illegal/Illicit Substances:

Do you use illegal/illicit substances: Y/N

If yes, please provide type(s): _____

Marital Status:

Are you: Single, Married, Divorced, Widowed, Partnered

Ethnicity/Race: African American, Native American/Alaskan, Caucasian, Hispanic/Latino,

Other _____, Refused to report

Preferred Language: English, Spanish, Other: _____ (please list)

Household:

Children at home, if any: _____

Other adults at home, if any: _____

Secular information:

Do you work: Y/N

Occupation: _____ (if retired, please provide previous profession)

Education: Finished ___ Middle School ___ High school ___ Some college ___ Bachelor's degree ___ Post graduate (Master's, MD, DO, PhD, etc...)

*How did you hear about us? ___ Billboard ___ Mall of Georgia ___ The Times ___ Physician Referral ___ Friend ___ Search Engine (i.e. Google) ___ AccessNorthGa.com ___ Other

Patient/Legal Guardian _____ Date _____