The Spine Institute
Patient Name:_____ Date:_____

Personal / Family Medical History Please Check P (personal) F(family)

☐P ☐F Heart Attack	☐P ☐F Kidney Disease	☐P ☐F Depression
☐P ☐F Congestive Heart Failure	☐P ☐F Blood Clots/ DVT's	☐P ☐F Claustrophobia
☐P ☐F High Cholesterol	☐P ☐F Pulmonary Embolism/PE	☐P ☐F Parkinson's
☐P ☐F Hyperlipidemia	☐P ☐F Asthma	☐P ☐F Alzheimer's
☐P ☐F Heart Surgery/Stents	☐P ☐F COPD/Emphysema	☐P ☐F Bleeding Disorder
☐P ☐F Pacemaker/AICD	☐P ☐F Sleep Apnea	☐P ☐F Anemia
☐P ☐F High Blood Pressure	☐P ☐F Gastric Reflux	☐P ☐F Seizure Disorder
☐P ☐F Stroke/CVA	☐P ☐F Ulcer	☐P ☐F Cancer
☐P ☐F TIA/Mini Stroke	☐P ☐F Osteopenia/Osteoporosis	☐P ☐F Thyroid Disease
☐P ☐F Liver Disease	☐P ☐F Fibromyalgia	☐P ☐F MRSA/VRE
☐P ☐F Arthritis	☐P ☐F Tuberculosis	☐P ☐F Hepatitis
☐P ☐F HIV/AIDS	☐P ☐F Psychiatric Illness	☐P ☐F STD/VD
☐P ☐F Diabetes I or II	☐P ☐F Anxiety	☐P ☐F Metal Implant Where?

Family Members	Age	Living	Deceased
Mother			
Father			
Brothers:			
Sisters:			

Social History

Tobacco Use: ☐No ☐Never ☐Yes If yes, how many per day_____ If no, when did you quit_____

Alcohol Use: ☐No ☐Never ☐Yes

☐Rare 1/month ☐ Seldom 1-4/month ☐Socially 1-2/week ☐Occasionally 3-5/week ☐ Frequently 5+/week

Recreational Drug Use: ☐No ☐Never ☐Yes

Type:_____ Frequency:_____

Education Level: ☐Grade School ☐High School/GED ☐College ☐Graduate Level

Exercise Level: ☐Never ☐Rarely ☐Weekly / Daily

Marital Status: ☐Single ☐Married ☐Divorced ☐Widowed

Number of Children and Ages: _____ Do they currently live with you? Yes☐ No☐

Living Situation: ☐Lives Alone ☐With Someone ☐Assisted Living ☐Nursing Home ☐Home Health

Nationality: _____ Primary Language: _____

Surgery History Please List All Surgeries and Dates ☐No History of Any Surgeries ☐ See My List of Surgeries
