



WILLAMETTE
 VASCULAR SPECIALISTS, P.C.

FAMILY MEDICAL HISTORY (blood relatives only)

CONDITION		RELATIONSHIP	CONDITION		RELATIONSHIP
Yes	No	Heart Disease	Yes	No	High Blood Pressure
Yes	No	Diabetes	Yes	No	Varicose Veins
Yes	No	Cancer - Type:	Yes	No	Blood Clots
Yes	No	Stroke	Yes	No	Aneurysm

SOCIAL HISTORY

Tobacco: (circle) Never / Now / Past
 Type: (circle) Cigarettes / Chew / Pipe / Cigars
 How long have you or did you smoke for? _____
 How many packs per day? _____
 Date you quit? _____
 If still smoking, do you have plans to quit? _____

Alcohol: (circle one) None / Rare / Daily / Weekly
 How many drinks do you have per day _____ or week _____
 Has alcohol been a problem in the past? (circle) Yes / No

Do you use any other substances? (circle) Yes / No
 If so, please list: _____

Living Situation: (circle all that apply)
 Your Home / Assisted Living / Alone / With Family, Friends

Children: How many? _____ Ages: _____

NAME: _____ DATE: _____