

Risk Factors

Today's Date: _____

Patient Name: _____

Date of Birth: _____

Do you smoke or chew tobacco?		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Quit
Year Started:	Are you exposed to second hand smoke? <input type="checkbox"/> Yes <input type="checkbox"/> NO	Year Quit:
Cigarette use (packs per day):		Packs per day :
Cigar use (# per day):		Number of years as a smoker:
Pipe (# per day):		
Smokeless/chewing tobacco (Tin # per day):		

Do you drink alcoholic beverages? Yes No Quit – Year quit: _____

If yes, how many drinks per day? _____, per week? _____.

Type: Beer Wine Mixed drink Liquor

In the past 3 months have you drank more than 5 drinks at any one sitting? Yes No

Have you used marijuana, cocaine or other street drugs? Yes No Never

If yes is your use current? _____ If not current, when did you use? _____

Type? _____ How much? _____ How long? _____

Is your diet...? Low fat High Fiber Weight Loss Diabetic

Low Sodium (salt) Low carb Vegetarian Fluid restriction No special diet

How many servings per day...? Fruit/vegetable: _____ Fiber/whole grain: _____

Meat/Beans: _____ Caffeine (drinks per day): _____ Calcium: _____

Do you exercise? Yes No If yes, how many times per week? _____

How many minutes per session? _____ What type(s) of exercise? _____

Do you wear a seatbelt? Yes No What percent (25%- 50%- 75% -100%) of the time? _____

Do you ride a motorcycle, bicycle, snow machine, all terrain vehicle (ATV)? Yes No

If yes, do you wear a helmet? Yes No

If yes, What percent (25%- 50%- 75% -100%) of the time? _____

Is your sun exposure...? Rare Occasional Frequent

Do you wear sunblock? Yes No

Do you have working smoke detectors in your home? Yes No

Do you have firearms in your home? Yes No

If yes, are they...(check all that apply) Locked Unlocked Loaded Unloaded

Are you concerned about your safety? Yes No

Have you been hit or threatened by anyone in anyway during the past year? Yes No

Do you have a living will? Yes No

Do you have a durable power of attorney for health care? Yes No

Have you supplied your Provider with a copy for your medical records? Yes No.