

**Tondera Family Practice and Chiropractic
Confidential Patient Information**

PATIENT'S NAME: _____ Date of Birth: _____

What is your past surgical history? Please list name and date of each surgery.

Have you been hospitalized? Please list name and date of each hospitalization.

FAMILY HISTORY:

Please list conditions that run in your family such as asthma, cancer (what kind); diabetes; hay fever; heart attack; high blood pressure; migraine; stroke ; high cholesterol. Etc.

Father	_____
Mother	_____
Paternal Grandfather	_____
Paternal Grandmother	_____
Maternal Grandfather	_____
Maternal Grandmother	_____
Siblings	_____
Children	_____

How many siblings do you have? Brothers: _____ Sisters: _____

How many children do you have? Sons: _____ Daughters: _____

SOCIAL HISTORY:

Do you drink alcohol beverages? _____ How much: _____

Do you drink caffeinated beverages? _____ How much: _____

Do you smoke? _____ How much: _____

Have you ever smoked? **Yes or No.** If so how long ago did you quit? _____