

Allergies

1. _____ 2. _____ 3. _____
 Reaction: _____ Reaction: _____ Reaction: _____

Family History

Medical Problem	Relative	Onset Age	Age @ Death
EXAMPLE - Hypertension	Daughter	25	N/A

Social History

1. How do you get to the Ithaca Free Clinic?
 - a. Drive
 - b. Ride from family/friend
 - c. Bus
 - d. Taxi
 - e. Gadabout
 - f. Uber/Lyft
 - g. Walk
 - h. Other
2. Are you currently employed
 - a. Yes
 - b. No
3. If unemployed, for how long?
 - a. Less 6 months
 - b. 6 months – 1 year
 - c. 1-3 years
 - d. 3-5 years
 - e. 5 years or more
4. What is your occupation?
 - a. Food Service
 - b. Construction
 - c. Home Healthcare
 - d. Agriculture
 - e. Performing Arts
 - f. Retail
 - g. Other
5. Employer

6. Education Level
 - a. Some High School
 - b. High School Diploma
 - c. Undergraduate
 - d. Undergrad Diploma
 - e. Graduate
7. Live alone or with others?
 - a. Alone
 - b. With others
8. Number of children?
 - a. 0
 - b. 1
 - c. 2
 - d. 3
 - e. 4
 - f. 5+
9. Sexual orientation?
 - a. Lesbian, gay or homosexual
 - b. Straight or heterosexual
 - c. Bisexual
 - d. Something else
 - e. Don't know
 - f. Choose not to disclose
10. Alcohol intake?
 - a. None
 - b. Occasional
 - c. Moderate
 - d. Heavy
11. Caffeine intake?
 - a. None
 - b. Occasional
 - c. Moderate
 - d. Heavy
12. Illicit drugs?
 - a. Yes
 - b. No
13. Smoking Status?
 - a. Never smoker
 - b. Former smoker
 - c. Current every day smoker
 - d. Smoker – current status unknown
14. Smoking, how much?
 - a. None
 - b. 1 pack per week
 - c. 2 packs per week
 - d. ¼ pack per day
 - e. ½ pack per day
 - f. 1 pack per day
 - g. 1.5 packs per day
 - h. 2+ packs per day
15. Tobacco years of use? _____
16. Passive smoke exposure?
 - a. Yes
 - b. No
17. Seat belts used routinely?
 - a. Yes
 - b. No
18. Sunscreen used routinely?
 - a. Yes
 - b. No
19. # People in household? _____
20. Household Income?
 - a. \$14,999 or less
 - b. \$15,000 – \$24,999
 - c. \$25,000 - \$39,999
 - d. \$40,000 - \$49,999
 - e. \$50,000 - \$74,999
 - f. \$75,000 or more

21. Do you have health insurance?

- a. Yes – Private
- b. Yes – Medicaid
- c. Yes – Fidelis Medicaid
- d. Yes – Molina Medicaid
- e. No Insurance

22. Last dental visit?

- a. ≤ 1 year
- b. 2 years
- c. 3 years
- d. 4+ years

23. If female and over 40:
Last mammogram?

- a. ≤ 1 year
- b. 2 years
- c. 3 years
- d. 4+ years

Surgical History

Procedure	Date
EXAMPLE - Appendectomy	2/12/1998

Gynecological History

1. Date of Last Pap Smear? _____
2. If post-menopausal, age at menopause? _____
3. Any sexual problems?
 - a. Yes _____
 - b. No _____
4. Current birth control method?

5. Age at menarche? _____

Obstetrics History

Please write in how many of each:

- | | |
|----------------------------|--------------------------------|
| 1. Total _____ | 5. Abortions spontaneous _____ |
| 2. Full Term _____ | 6. Ectopic _____ |
| 3. Premature _____ | 7. Multiple births _____ |
| 4. Abortions induced _____ | 8. Living _____ |