



# ALL ABOUT WOMEN HEALTH ASSOCIATES, INC.

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## SOCIAL HISTORY:

Marital Status: single, widowed, married, divorced

Lives with: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Do you use a seat belt \_\_\_all the time \_\_\_some of the time \_\_\_never

Cigarettes: \_\_\_ packs per day

Caffeinated beverages: \_\_\_\_\_ cups per day

Alcohol: \_\_\_\_\_ drinks per week

Drug Abuse/Use: yes\_\_\_ no\_\_\_ current\_\_\_ past\_\_\_ type of substance: \_\_\_\_\_

## Surgery History:

Type of Surgery:

Year preformed:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_