



BRET SOKOLOFF, MD

SOCIAL HISTORY

Highest education: Grade school High School College Graduate

Marital Status: Single Married Divorced Widowed

Are you employed? Yes No Retired

Occupation_____

Are you disabled? Yes No Reason:_____

Ambulation: Independent Brace Cane Walker Wheelchair/Stretcher Crutches

Who do you live with? Alone Others Who?_____

Are you or have you been in a drug or alcohol program in the past? Yes No

Are you or have you been treated by a pain management clinic? Yes No

Do you smoke? Never Former Current

How much do you smoke? ¼ PPD ½ PPD 1 PPD 2 PPD

How many years have you smoked? 1-5 5-10 10-15 15-20 >20

How much alcohol? None Occasional Moderate Heavy

What type of alcohol? Beer Liquor Wine

Do you use illicit drugs? Yes (CIRCLE: Crack/Cocaine, Marijuana, Heroin, Other) No

How has your health been recently? Poor Fair Good Excellent

Exercise level? None Occasional Moderate Heavy

FAMILY HISTORY

NONE KNOWN

Father alive? Yes No Age of death? _____

Mother alive? Yes No Age of death? _____

Arthritis

Diabetes

Heart Disease

High Blood Pressure

Kidney Disease

Cancer

Psychiatric

Alcohol Abuse

Drug Addiction

PATIENT SIGNATURE: _____ DATE: _____