JEFFERSON CARDIOLOGY ASSOCIATION
EXPERIENCE, INNOVATION & COMPASSION
SOUTHERN (SOUTH HILLS) PITTSBURGH AREA
Alan Bramowitz, MD | Peter M. Lemis, MD | Michael S. Nathanson, MD | Gennady Geskin, MD

SOCIAL HISTORY

Marital Status Married Separated Divorced Widowed Single

Number of Children: _____ With whom do you live? _____

Family Physician (PCP): _____

Other Physicians: **1.** _____
2. _____

Are you retired? **YES** **NO**

What is your occupation? _____Retired N/A

How stressful is your job? Very Moderately Mildy Not N/A

Do you take your prescribed medications regularly?
1. Always 2. Most of the time 3. I frequently skip doses

Have you previously smoked?
1. Never
2. Yes, I quit Year quit: _____# of packs/day_____#of years smoking: _____
3. Currently smoking: _____# of packs/day_____
   Cigars Pipe Chew tobacco _____ times/day

Do you drink alcohol?
1. Never
2. No, but I quit. Year: _____
3. Yes _____ glasses/week of: wine beer liquor

Do you take illicit drugs or abuse prescription medications?
1. Never 2. No, but I used to 3. Yes DETAILS:_____

Do you drink caffeine?
No Yes (*circle all that apply*) Coffee Tea Soft Drinks _____drinks/day
How many times/week do you exercise? _____
Do you follow any special diet or dietary restrictions? Yes No
If Yes, please explain: _____