

Social History:

Smoking Status:

- | | | |
|---|--|--|
| <input type="checkbox"/> NEVER | <input type="checkbox"/> Heavy Tobacco Smoker | <input type="checkbox"/> Current Everyday Smoker |
| <input type="checkbox"/> Former Smoker | <input type="checkbox"/> Current Some Day smoker | <input type="checkbox"/> Cigar Smoker |
| <input type="checkbox"/> Light Tobacco Smoker | | <input type="checkbox"/> Chewing Tobacco User |

Alcohol Consumption:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> 1-2 Drinks per Day | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Less than 1 Drink per Day | <input type="checkbox"/> 3+ Drinks per Day | |

Other details:

- | | |
|---|---|
| <input type="checkbox"/> Not Sexually Active | <input type="checkbox"/> Drug Use |
| <input type="checkbox"/> Sexually Active with One Partner | <input type="checkbox"/> IV Drug Use |
| <input type="checkbox"/> Sexually Active with Multiple Partners | <input type="checkbox"/> Patient Feels Safe at Home |

Driving Status:

- | | |
|--|--|
| <input type="checkbox"/> Drives in the Daytime | <input type="checkbox"/> Drives at Night |
|--|--|

Family History: (please circle all that apply)

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Blindness | <input type="checkbox"/> Heart disease |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Macular degeneration |
| <input type="checkbox"/> Cataracts | <input type="checkbox"/> Migraine |
| <input type="checkbox"/> CVA | <input type="checkbox"/> Retinal detachment |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Strabismus |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> None |

Other _____