SOCIAL HISTORY

Marital Status? O single O married O divorced O widowed

Gender? O male O female O other _____

Race? O Caucasian O Black O Hispanic O Asian O other _____

Ethnicity? _____ Language Preference: _____

Are you currently working? O yes O no Job: _____

Is this a work-related injury? O yes O no Date of Injury: _____

Did you complete a C-4 form? O yes O no Employer: _____

Is this an auto accident injury? O yes O no Date of Injury: _____

Is this a medical legal case? O yes O no Attorney: _____

Are you currently disabled? O yes O no How? _____

Right or Left Handed? O right O left O both hands (Ambidextrous)

Do you smoke? O yes O no How much? _____

Have you ever smoked? O yes O quit O no How Long Ago? _____

Alcoholic beverages per day? O yes O no How much daily? _____

Do you consume caffeine? O yes O no How much daily? _____

Are you in a *Pain Contract*? O yes O no Physician? _____

Do you use illegal drugs? O yes O no Which illegal drugs?_____

Have you been in drug rehab? O yes O no When? _____

Do you exercise? O daily O weekly O monthly O rarely O never

Are you pregnant? O yes O no O possibly

Is there someone in your home that can assist you, if needed? O yes O no

Patient Name: _____