



Heart Vein & Vascular LLC

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Patient Name: _____

Date of Birth: _____

Medical Record Number: _____

Social & Family History Form

Date: _____

Social History

Tobacco

- No
- Yes _____ppd x _____years

Stage

- Precontemplation
- Contemplation
- Action
- Consolidation
- Relapse

ETOH

- No
- Yes ___C ___A ___G ___E

Illicit Drug Use

- No Yes

Types/Quantity/Frequency _____

Marital Status

- Single
- Married
- Civil Union
- Divorced
- Widow(er)

Children

- Boy(s) Age(s) _____
- Girl(s) Age(s) _____

Occupation(s)

Religious Preference

Advance Directive

- Yes No
- No Interval Change

See Adult Summary Form

Nutritional/Exercise Assessment

Typical Breakfast

Typical Lunch

Typical Dinner

Usual Snacks/Beverages

Level of Activity (Exercise)

- None Occasional
- Regular Vigorous

Type of Exercise:

Family History

Notes

Mother

- Alive, Age _____
- Deceased, Age _____ of _____

Sister(s)

- Alive, Age _____
- Deceased, Age _____ of _____
- Alive, Age _____
- Deceased, Age _____ of _____
- Others

Father

- Alive, Age _____
- Deceased, Age _____ of _____

Brother(s)

- Alive, Age _____
- Deceased, Age _____ of _____
- Alive, Age _____
- Deceased, Age _____ of _____
- Others

- No Interval Change

Signature _____ Date _____