



Brian A. Lemper, D.O.
 Board Certified and Fellowship Trained in
 Pain Management

Social History

(Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Abuse – sexual | <input type="checkbox"/> Exercise – More than 3x/week |
| <input type="checkbox"/> Abuse – physical | <input type="checkbox"/> False Teeth |
| <input type="checkbox"/> Alcohol – denies | <input type="checkbox"/> Marital Status - Divorced |
| <input type="checkbox"/> Alcohol – heavy | <input type="checkbox"/> Marital Status - Married |
| <input type="checkbox"/> Alcohol – moderate | <input type="checkbox"/> Marital Status – Significant other |
| <input type="checkbox"/> Alcohol – never | <input type="checkbox"/> Marital Status - Single |
| <input type="checkbox"/> Alcohol – occasionally | <input type="checkbox"/> Marital Status - Widowed |
| <input type="checkbox"/> Caffeine | <input type="checkbox"/> Self Employed |
| <input type="checkbox"/> Children | <input type="checkbox"/> STD - none |
| <input type="checkbox"/> Contact Lenses | <input type="checkbox"/> STD – positive history |
| <input type="checkbox"/> Dental Caps | <input type="checkbox"/> Tobacco: Chew |
| <input type="checkbox"/> Education – College | <input type="checkbox"/> Tobacco: Cigar |
| <input type="checkbox"/> Education – Grade School | <input type="checkbox"/> Tobacco: Cigarettes < 1-2 PPD |
| <input type="checkbox"/> Education – Graduate Degree | <input type="checkbox"/> Tobacco: Cigarettes < 1 PPD |
| <input type="checkbox"/> Education – High School Graduate | <input type="checkbox"/> Tobacco: Cigarettes < 3PPD |
| <input type="checkbox"/> Employment – Disabled | <input type="checkbox"/> Tobacco: Never Smoked |
| <input type="checkbox"/> Employment – Full time | <input type="checkbox"/> Tobacco: Nonsmoker |
| <input type="checkbox"/> Employment – Part time | <input type="checkbox"/> Tobacco: Pipe Smoker |
| <input type="checkbox"/> Employment – Retired | <input type="checkbox"/> Tobacco: Previous Smoker |
| <input type="checkbox"/> Employment – Student | |
| <input type="checkbox"/> Employment – Unemployed | |
| <input type="checkbox"/> Exercise – Less than 3x/week | |

Family History

(Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Genetic (hereditary) disorder | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Alzheimers | <input type="checkbox"/> GI disease or ulcer | <input type="checkbox"/> Nervous disorder |
| <input type="checkbox"/> Aneurysms | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Gout | <input type="checkbox"/> Parents: Adopted |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Father Deceased |
| <input type="checkbox"/> Bleeding disorders | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Father Living |
| <input type="checkbox"/> Blood Clots | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Mother Deceased |
| <input type="checkbox"/> Breast Cancer | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Mother Living |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Pregnancy Complications |
| <input type="checkbox"/> Cataracts | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Psychiatric disorders |
| <input type="checkbox"/> Circulatory problems | <input type="checkbox"/> Hypotension | <input type="checkbox"/> Psychosis |
| <input type="checkbox"/> Colon Cancer | <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Leukemia | <input type="checkbox"/> Seizure disorder |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Liver disease | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Diverticulitis | <input type="checkbox"/> Lung Cancer | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Major Surgeries | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Gallbladder disease | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Tobacco Use |
| | | <input type="checkbox"/> Tuberculosis |