

Patient Name: Robert Plock Date: 5/8/2013



**Social History:** Please respond to the following by Placing Mark inside Circles

**Substance Use:**

Do you:

Use Tobacco?

☐ Yes

☒ No

☒ Former

12-22 age

Use Alcohol?

☒ Yes

☐ No

Use Caffeine?

☒ Yes

☐ No

Use Illicit Drugs?

☐ Yes

☐ No

I do not use any of the above

☐

Hand Dominance?

☒ Right Handed

☐ Left Handed

**Females Only:**

Could you be pregnant?

☐ Yes

☒ No

**Allergies:** Do you have allergies to any of the following medications or substances

☒ No Known Allergies

☐ Aspirin

☐ Penicillin

☐ Amoxil

☐ Tegretol

☐ Codeines

☐ Keflex

☐ Bactrim

☐ Sulfa Drugs

☐ Cefzil

☐ Pediazole

☐ Iodine / Shellfish

☐ Ceftin

☐ Dilantin

☐ Ampicillin

☐ Suprax

☐ Novacaine

☐ Vantin

☐ Septra

☐ Insulin

☐ Depakene

☐ Lamictal

☐ Lidocaine

**Other Allergies:**

☐ Latex

☐ IVP/X-Ray Dye

☐ Metal

☐ Egg/Avian (Bird)

List any other allergies in this box

Poison Ivy