



<b>Psychosocial:</b>	
<b>Circle as appropriate:</b>	
Tobacco: No Yes Type:	Amount: Stopped (date):
Alcohol: No Yes Type/Amount:	Street Drugs: No Yes Type/Amount:
Tobacco/Alcohol/Drugs, Past Problems: No Yes Date of last use: Therapy:	
<b>Nutrition</b>	
Recent Weight Change: No Yes (Describe)	
Exercise: 20 min X 3 X wk. No Yes (Describe)	
Seat Belt Use: Always Sometimes Never	
School/Work/Attendance/Exposures:	
Sexual History/Risk:	Age at first sexual encounter: _____
Sexually active since 1978? No Yes	How many partners in past 5 yrs? _____ Past year?
Sex w/male	Yes
Sex w/female	No
Used injected drugs	Yes
Sex w/man who had sex w/a man	No
Sex while using non-inj drugs	Yes
Sex w/person w/HIV/AIDS	No
Sex for drugs/money	Yes
Method last used/now using:	Sex w/person w/other HIV/AIDS risk
Contraceptive	No
History	Yes
Other methods used:	
Problem(s) with methods:	
Violence/abuse in the family? Yes No	
<b>WOMEN ONLY</b>	
<b>MENSTRUAL HISTORY:</b> Onset: Yes Regular: No Yes Amount	
Every days for	Update 1: LMP
LMP	Update 2: LMP
Results: Update 1: Results	Update 2: Results
Pregnancy Test: Date: Results: Update 1: Results	Update 2: Results
Pap Smear: Date: Results: Update 1: Results	Update 2: Results
Mammogram: Date: Results: Update 1: Results	Update 2: Results
Self Breast Exam: No Yes	Update 1: Results
Obstetrical History: Gravida: Para: Full Term: Preterm: Abortions:	Update 2: Results
Living Children: Multiple Births:	Update 1: Results
Update 1: Gravida: Para: Full Term: Preterm: Abortions: Living Children:	Update 2: Results
Update 2: Gravida: Para: Full Term: Preterm: Abortions: Living Children:	Update 1: Results
Signature/Title: _____	Date: _____
Signature/Title: _____	Date: _____
Signature/Title: _____	Date: _____