Dermatology & Skin Surgery Center of York

SOCIAL HISTORY FORM

PATIENT NAME: _____ DOB: _____

SOCIAL HISTORY: (Check all that apply)

Smoking status: _____ YES

_____ FORMER Started: _____ Stopped: _____

_____ NEVER

Alcohol Use: (Please answer the one that pertains to you)

*FOR MEN UNDER THE AGE OF 65:

How many times in the past year have you had 5 or more drinks in a day: _____

*FOR WORMEN UNDER THE AGE OF 65:

How many times in the past year have you had 4 or more drinks in a day: _____

*FOR ALL ADULTS OVER 65:

How many times in the past year have had had 4 or more drinks in a day: _____

_____ DATE: _____

SIGNATURE OF PATIENT (IF OVER 18)/PATIENT'S PARENT OR LEGAL GUARDIAN SIGNATURE