



## PERSONAL HABITS

PLEASE CHECK THE APPROPRIATE RESPONSE:

- A. Do you smoke?    yes    no
- B. If yes, how many packs per day?    less than one    between one and two    two packs or more
- C. Do you drink alcohol?    yes    no
- D. If yes, how often?    daily    only on weekends    two or three drinks a week  
     d)only on special occasions
- E. Do you use recreational drugs?    no    I have in the past    yes, occasionally    yes, often
- F. I use over-the-counter drugs (i.e., Tylenol, Sominex, Ex-Lax, Allerest, etc.):    never    sometimes  
     b)occasionally    c)often
- G. Are you presently, or have you been on a weight loss diet    yes    no
- H. Are you presently, or have you recently been on a diet intended to help you gain weight?    yes    no
- I. How often do you exercise or participate in sports?    never    once a week    2 or 3 times a week    more than 3 times
- J. Do you use a seat belt?    always    never

## FAMILY HISTORY

	NAME	AGE	OCCUPATION	STATE OF HEALTH	AGE AND CAUSE OF DEATH
FATHER					
MOTHER					
BROTHERS					
SISTERS					

Have any close relatives had at any time(circle any that apply and give details). High Blood pressure, heart disease, stroke, bleeding disorder, diabetes, peptic ulcers, kidney disease, epilepsy, migraine, arthritis, cancer, tuberculosis, asthma or other allergies, mental illness:

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### STATEMENT AND SIGNATURE BY PATIENT:

All statements in this health form are true to the best of my knowledge and I have no abnormality, limitation or restriction not mentioned in this record. I understand that this form is a part of my medical record and agree to notify the Student Health Service of any change that occurs in my physical or mental health in a timely fashion while I am a student at MCG. In an emergency situation, I give permission for such diagnostic, therapeutic, and operative procedures as may be deemed necessary to preserve life or good health.

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PATIENT SIGNATURE

DATE