

Tobacco Use

- ___ Current smoker
- ___ Current some day smoker
- ___ Never assessed
- ___ Never smoker
- ___ Passive smoker

Packs/day _____

Year smoked _____

Smokeless Tobacco

Current user _____

Former user _____

Never used _____

Ready to quit?

Medication or Latex Allergies

Medications

Does your family have a history of the following :

	Broken Bones	Cancer	Clotting Disorders	Collagen Diseases	Osteoporosis	Rheumatologic
Mother						
Father						
Brother						
Sister						

