**Social History**

*This information is kept strictly confidential. However, you may discuss this portion directly with the doctor if you prefer.*

☑ Yes, I would prefer to discuss my Social History information directly with the doctor.

Do you drive? ☐ no ☑ yes  If yes, do you have visual difficulty when driving? ☐ no ☑ yes  
If yes, please describe: __________________________________________

Do you use tobacco products? ☐ no ☑ yes  If yes, type/amount/how long: ______________________

Do you use alcohol? ☐ no ☑ yes  If yes, type/amount/how long: _______________________

Do you use illegal drugs? ☐ no ☑ yes  If yes, type/amount/how long: ______________________

Have you ever been exposed to or infected with: ☐ Hepatitis ☒ Gonorrhea ☒ Syphilis ☐ HIV

**Review of Systems:**

Do you currently, or have you ever had any problems in the following areas:

![Table](https://example.com/table.png)

If you answered YES to any of the above or have a condition not listed, please explain & list medications:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

____________________________________

Doctor’ Signature

________________________        ____________________ Date