Social History						
<b>Education:</b>						
Occupation:			_			
Caffeine intake:						
Marital Status:						
Exercise level:						
Smoking status:						
Smoking (PPW =	packs po	er week, l	PPD = packs p	er day):		
Has smoked since	age:					
Tobacco years of	use:					
Chewing tobacco	:					
Alcohol intake:						
Illicit drugs:			_			
Auto related injury?	Yes	No				
Work related injury?	Yes	No				
Please list any family his	tory (can	icer, hear	t disease, hyp	ertension, A	lzheimer's, etc.)	
Condition				Rela	Relation	