



# Dr. John Crescitelli

*Board Certified Family Medicine*

### **Habits:**

Alcohol:  None  Yes: How Many Drinks/Day\_\_\_\_\_ Frequency/Week\_\_\_\_\_ Kind\_\_\_\_\_

Tobacco:  None  Yes: Chew or Smoke?\_\_\_\_\_ How Many/Day\_\_\_\_\_ Since\_\_\_\_\_

Caffeine:  None  Yes: What Kind\_\_\_\_\_ How Many/Day\_\_\_\_\_

Other Recreational Drug:  Yes: What Kind\_\_\_\_\_ How Many/Day\_\_\_\_\_

Do You Drive?:  Yes  No Do You Always Wear a Seatbelt? :  Yes  No

Do You Exercise? :  Yes  No If Yes, How Much?\_\_\_\_\_

### **Social History:**

Work:  Employed  Unemployed  Employed  Retired  Disabled

Current Occupation: \_\_\_\_\_ Former Occupation: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Domestic Partner

### **Past Surgical History (Indicate The Date If Known):**

None

Cataracts\_\_\_\_\_

LASIK\_\_\_\_\_

Tonsillectomy\_\_\_\_\_

Thyroidectomy\_\_\_\_\_

Adenoidectomy\_\_\_\_\_

Coronary Bypass\_\_\_\_\_

Cardiac Stents\_\_\_\_\_

Pacemaker\_\_\_\_\_

Heart Valve\_\_\_\_\_

Gallbladder\_\_\_\_\_

Appendectomy\_\_\_\_\_

Bowel / Stomach Resection\_\_\_\_\_

Bariatric Surgery\_\_\_\_\_

Hysterectomy\_\_\_\_\_

Endoscopy\_\_\_\_\_

Colonoscopy\_\_\_\_\_

Hernia\_\_\_\_\_

Spinal Surgery\_\_\_\_\_

Tubal Ligation\_\_\_\_\_

Bladder Surgery\_\_\_\_\_

Prostate Surgery / Resection\_\_\_\_\_

C Section\_\_\_\_\_

Orthopedic / Joints\_\_\_\_\_

Other\_\_\_\_\_

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