

**Family History:**

	Name	Health	Age	Major Illnesses	Died	Cause of Death
<b>Father</b>		Good/Poor				
<b>Mother</b>		Good/Poor				
<b>Brother(s) 1.</b>		Good/Poor				
<b>2.</b>		Good/Poor				
<b>3.</b>		Good/Poor				
<b>Sister(s) 1.</b>		Good/Poor				
<b>2.</b>		Good/Poor				
<b>3.</b>		Good/Poor				

**Do you smoke?**  Yes  No      **How many packs per day?** \_\_\_\_\_  
**Do you drink coffee?**  Yes  No      **How many cups per day?** \_\_\_\_\_  
**Do you drink alcohol?**  Yes  No      **How many drinks per day?** \_\_\_\_\_  
**Do you drink soda?**  Yes  No      **How many drinks per day?** \_\_\_\_\_  
**Do you use other drugs?**  Yes  No  
**Do you eat regular meals?**  Yes  No      **How many meals per day?** \_\_\_\_\_      **Snacks?** \_\_\_\_\_  
**Do you sleep regularly?**  Yes  No      **How many hours per night?** \_\_\_\_\_  
**Do you exercise?**  Yes  No      **What type(s)?** \_\_\_\_\_      **How often?** \_\_\_\_\_

**Are you overly stressed in your current work situation?**  Yes  No

**Are you overly stressed in your current home/family situation?**  Yes  No

**If you answered yes, to either of the above questions, please describe:** \_\_\_\_\_

**Do you feel supported in your current work environment?**  Yes  No

**Do you feel supported in your current home/family situation?**  Yes  No

**Do you have a support system/network?**  Yes  No      Please check all that apply:

- Family       Friends       Spouse/Partner       Community Groups       Physician(s)/Nurse(s)
- Church/Religious Organization       Other healthcare professionals \_\_\_\_\_
- American Cancer Association       Other \_\_\_\_\_

**What feeds/sustains your life?** \_\_\_\_\_

**What drains your life?** \_\_\_\_\_

**What gives you a sense of hope?** \_\_\_\_\_

**Have you ever had a profound spiritual experience?**  Yes  No

**Do you have concerns for any other individuals at this time?**  Yes  No

**What is your greatest concern at this time?** \_\_\_\_\_

**What do you see as your greatest hurdle at this time?** \_\_\_\_\_