Michael S. Baugh, M.D.

Tobacco use:

GAINESVILLE NEUROLOGY GROUP, LLC

Kristina James, FNP-C

Kannan Narayana, M.D., M.B.B.S.

Social History Form

Please provide the following requested information.

Smoking: Y/N	Former smoker: Y/N If yes, how long since your last smoke:
If yes, how ofter	n: every day ::: some days but not every day
If yes, how much	n: < 5, 6-10, 11-20, 21-30, <30
How soon after	waking do you smoke: < 5 minutes, 6-30 mins, 31-60 mins, > 60 min
Are you interest	ed in quitting: Y/N
Smokeless Tobacco: `	Y/N
If yes, what kind	: Chewing Tobacco, Dipping Tobacco/snuff
If yes, how ofter	n: every day ::: some days but not every day
If yes, how much	n: < 1 can/pouch a day, 1 can/pouch a day, > 1 can/pouch a day
Alcohol intake:	
Do you drink: Y/N	
How often: Occ	asional intake, Regular intake, In recovery
Illegal/Illicit Substances:	
Do you use illegal/illicit	substances: Y/N
If yes, please pro	ovide type(s):
Marital Status:	
Are you: Single, Marrie	d, Divorced, Widowed, Partnered
Ethnicity/Race: African Am	nerican, Native American/Alaskan, Caucasian, Hispanic/Latino,
Other,	
	ge: English, Spanish, Other: (please list)
5 .	<u> </u>
Household:	
Children at home, if any	<i>r</i> :
Other adults at home, if	f any:
Secular information:	
Do you work: Y/N	
	(if retired, please provide previous profession)
	_ Middle School High school Some college Bachelor's degree
F	Post graduate (Master's, MD, DO, PhD, etc)
*How did you hear about us	s? Billboard Mall of Georgia The Times Physician Referral Friend
•	Search Engine (i.e. Google) AccessNorthGa.com Other
	Search Engine (i.e. Google) Accessivolation.com Other
	Search Engine (i.e. Google) Accessivorthoa.com Other