

## **GENERAL HISTORY**

### **WORK HISTORY**

Have you ever been regularly exposed in the workplace to:

- |                                     |                                    |                                   |                                   |
|-------------------------------------|------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Asbestos   | <input type="checkbox"/> Chemicals | <input type="checkbox"/> Dyes     | <input type="checkbox"/> Fumes    |
| <input type="checkbox"/> Insulation | <input type="checkbox"/> Metals    | <input type="checkbox"/> Plastics | <input type="checkbox"/> Solvents |

Please detail name or type of exposure and what symptoms developed:

---

---

---

### **CURRENT PETS**

- Cat(s)     Dog(s)     Bird(s)
- Other \_\_\_\_\_

### **ADVANCED DIRECTIVES**

Do you have a Living Will?

- Yes                       No                       Don't know

Do you have a Durable Power of Attorney for health care?

- Yes                       No                       Don't know

---

Patient Signature or Initials