Name:_____ Date:_____

OCCUPATIONAL/ENVIRONMENTAL EXPOSURE HISTORY

*(To be completed by **patient** prior to visit)*

1. Are you currently employed? __ Yes __ No
   a. If yes, please list current employer:

Employer Name	Job title/description	How long?

2. Do you have a spouse who is employed? __ Yes __ No

Employer Name	Job title/description	How long?

3. Which of the following hazards are you exposed to at work or home (check all that apply):

__fumes/vapors	__arsenic	__silica	__loud noise
__dusts	__lead	__asbestos	__radiation
__chemicals	__nickel	__isocyanates	__pneumatic tools
__pesticides	__mercury	__metal working fluid	__extreme heat/cold
__solvents	__chromates	__benzene	__cigarette smoke
__mold	__repetitious movement/lifting		__animals
__blood/body fluids	__gas or propane powered equipment		__other:_____

4. Please list previous employer information:

Employer Name	From/To	Job title/description	Known hazards?

5. Do you live close to: __ heavy traffic __ farm __ industrial park/plant/dump

6. Do you have any of the following in your home?

__forced hot air heat	__ fireplace/wood stove	__septic system	__well water
__central air	__window air conditioner(s)	__gas stove	__city water
__air humidifier	__gas/kero space heater	__dehumidifier	__water leaks

7. Do you participate in any of the following hobbies?

__painting	__wood working	__home remodeling	__gardening
__photo developing	__ceramics/pottery	__autobody repair	__model making

8. Have you ever been off work for more than one day (or been advised to change jobs) due to an illness or injury related to work? __ No __Yes (*please list below*)

List work-related injury(ies)/illness(es): _____

_____

_____