## HEALTH HISTORY (Confidential)

Name		40000	Today's	Date		
Age	Birthdate_	Date	of last physical examination	in a file		
		876		-1 1 1 1 ARTS		
SYMPTOMS	Check (✓) symp	toms you currently have or have	had in the past year.			
GE	NERAL	GASTROINTESTINAL	EYE, EAR, NOSE, THROAT	MEN only		
☐ Chills		☐ Appetite poor	☐ Bleeding gums	☐ Breast lump		
Depression	1	☐ Bloating	☐ Blurred vision	☐ Erection difficulties		
Dizziness		☐ Bowel changes	☐ Crossed eyes	☐ Lump in testicles		
☐ Fainting		☐ Constipation	☐ Difficulty swallowing	☐ Penis discharge		
☐ Fever		☐ Diarrhea	☐ Double vision	☐ Sore on penis		
☐ Forgetfulne	ess	☐ Excessive hunger	☐ Earache	☐ Other		
Headache		☐ Excessive thirst	☐ Ear discharge	WOMEN only		
Loss of sle	ер	☐ Gas	☐ Hay fever	☐ Abnormal Pap Smear		
Loss of we	ight	☐ Hemorrhoids	☐ Hoarseness	☐ Bleeding between periods		
☐ Nervousne	SS	☐ Indigestion	Loss of hearing	☐ Breast lump		
■ Numbness		Nausea	Nosebleeds	Extreme menstrual pain		
Sweats		☐ Rectal bleeding	☐ Persistent cough	☐ Hot flashes		
MUSCLE	JOINT/BONE	☐ Stomach pain	☐ Ringing in ears	□ Nipple discharge		
Pain, weakn	ess, numbness in:	☐ Vomiting	☐ Sinus problems	Painful intercourse		
☐ Arms	☐ Hips	☐ Vomiting blood	☐ Vision – Flashes	□ Vaginal discharge		
☐ Back	☐ Legs	CARDIOVASCULAR	☐ Vision – Halos	Other		
☐ Feet	☐ Neck	☐ Chest pain	SKIN	Date of last		
Hands	☐ Shoulders	☐ High blood pressure	☐ Bruise easily	menstrual period		
GENIT	O-URINARY	☐ Irregular heart beat	Hives	Date of last		
☐ Blood in ur	rine	☐ Low blood pressure	☐ Itching	Pap Smear		
☐ Frequent u	irination	Poor circulation	☐ Change in moles	Have you had		
Lack of bla		☐ Rapid heart beat	☐ Rash	a mammogram?		
☐ Painful urir	nation	☐ Swelling of ankles	Scars	Are you pregnant?		
		☐ Varicose veins	Sore that won't heal	Number of children		
CONDITION	IS Check (✓) con	ditions you have or have had in				
AIDS		☐ Chemical Dependency	☐ High Cholesterol	☐ Prostate Problem		
☐ Alcoholism		☐ Chicken Pox	☐ HIV Positive	☐ Psychiatric Care		
☐ Anemia		Diabetes	☐ Kidney Disease	☐ Rheumatic Fever		
Anorexia		☐ Emphysema	Liver Disease	Scarlet Fever		
☐ Appendicit	ie	☐ Epilepsy	☐ Measles	☐ Stroke		
Arthritis	15	Glaucoma	☐ Migraine Headaches	☐ Suicide Attempt		
Asthma		Goiter	☐ Miscarriage	☐ Thyroid Problems		
☐ Bleeding □	Disordore	Gonorrhea	☐ Mononucleosis	☐ Tonsillitis		
The second secon		Gout	☐ Multiple Sclerosis	☐ Tuberculosis		
☐ Breast Lump ☐ Bronchitis		☐ Heart Disease	Mumps	☐ Typhoid Fever		
☐ Bulimia			☐ Pacemaker	Ulcers		
Comment of the Commen		Hepatitis				
Cancer		Hernia	☐ Pneumonia	<ul><li>☐ Vaginal Infections</li><li>☐ Venereal Disease</li></ul>		
☐ Cataracts		☐ Herpes	Polio			
MEDICATIO	INS List medication	ons you are currently taking	ALLERGI	ALLERGIES To medications or substances		
		and that is satisfied.				
	wit.					
Pharmacy Nam	0	Phone	\$2.500 \$2			
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(All information is strictly confidential)

Relation	Age	State of	Age at	Cause of Death	Check			atives had	any of the following:
Father		Health	Death				ease		Relationship to yo
Mother			SWINGSTE	D(d 1		Arthritis, Gou			
rothers				sculerwinexe legizyrin	lablito exa	Asthma, Hay	rever	==	1,161 1
Toulers						Cancer			LUTE HOAFP' S. L.
					20 AC	Chemical De	penden	icy	Care Harta (Sec. 1998)
	Zfiree i St		1.67	PART SECRETARY		Diabetes	17.24.0.		Tan du qu
Sintara				error belo er.		Heart Diseas			200
Sisters	esdell'ed	th no ber	113	Delivery Deeps 18		High Blood F	ease		55.35. 300
	English			Press Time Visualis		Kidney Disea			12 (28) S. 7
	216			The second secon		Tuberculosis		3.53	
HOSPIT	A1 17 A	TIONS		HANNES TO SEE		Other	nns	CNANCY	LUCTORY
ear	ALIZA	Hospital		Reason for Hospita	lization ar	nd Outcome	Year of Birth	Sex of Birth	/ HISTORY Complications if any
							sub	stances you w much you Caffeine	
			ood trans		□No		sub	caffeine Tobacco	ou use and describe u use.
If yes, p	lease g		rimate dates			COME	sub	stances you w much you Caffeine	ou use and describe u use.
If yes, p	lease g	give approx	rimate dates	S		COME	sub	caffeine Tobacco Drugs	ou use and describe u use.
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Reviewed By Date