ame	I .	Age	Birthplace
ducation (highest level attained)	Where and when have you liv	ved or traveled outside the U.S. and Ca	anada?
, addition (mgreen)			AND THE PROPERTY OF THE PROPER
ccupation	Reason for visiting your physic	cian today	1959/86
SYMPTOMS Check symptoms you	149		A CARLON COMPANY
General	Gastrointestinal	Eyes, Ear, Nose, Throat	MEN only
Chills	Pleating	Bleeding gums	Breast lump
Depression	☐ Bloating	Blurred vision	Erection difficulties
Fainting	Bowel Changes	Crossed eyes	Lump in testicles
Fever	Constipation	☐ Difficulty swallowing	Penis discharge
Forgetfulness	Diarrhea	Double vision	Sore on penis
Headache	Excessive hunger	Earache	Other
Loss of Sleep	Excessive thirst	Ear discharge	WOMEN only
Loss of weight	Gas	Hay fever	THE PARTY OF THE P
Nervousness	Hemorrhoids	Hoarseness	Abnormal Pap smear
Numbness	Indigestion	Loss of hearing	Bleeding between perio
Sweats	Nausea	Nosebleeds	Breast lump
Muscle/Joint/Bone	Rectal bleeding	Persistent cough	Extreme menstrual pair
ain, weakness, numbness in	Stomach Pain	Ringing in ears	Hot flashes
The state of the s	☐ Vomiting	Sinus problems	Nipple discharge
Arms Hips	☐ Vomiting blood	☐ Poor vision	Painful intercourse
☐ Back ☐ Legs ☐ Feet ☐ Neck	Cardiovascular	Skin	Vaginal discharge
☐ Feet ☐ Neck ☐ Shoulders		ELECTRONIC SERVICE AND ADDRESS OF THE PARTY	Other
☐ Hands ☐ Shoulders	Chest pain	Bruise easily	Date of last menstrual period
Genito-Urinary	High blood pressure	Hives	
	Irregular heart beat	Litching	Date of last Pap smear:
Blood in urine	Low blood pressure	Change in moles	
Frequent urination	Poor circulation	Rash	Date of last mammogram:
Lack of bladder control	Rapid heart rate	Scars	
Painful urination	Swelling of ankles	☐ Sore that won't heal	Are you pregnant?
TOUGH OF THE ANALYSIS	☐ Varicose veins	A CONTRACTOR OF THE PARTY OF TH	
	you currently have or have had in the		THE PARTY OF THE PARTY OF THE
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
Appendicitis	☐ Epilepsy	☐ Measles	Stroke
Arthritis	Glaucoma	Migraine Headaches	Suicide Attempt
Asthma	Goiter	Miscarriage	☐ Thyroid Problems
☐ Bleeding Disorders	Gonorrhea	Mononucleosis	☐ Tonsillitis
☐ Breast Lump	Gout	☐ Multiple Sclerosis	Tuberculosis
☐ Bronchitis	☐ Heart Disease	Mumps	Typhoid Fever
Bulimia	Hepatitis	Pacemaker	Ulcers
Cancer	☐ Hernia	Pneumonia	Vaginal Infections
Cataracts	Herpes	Polio	☐ Venereal Disease
MEDICATIONS List Medications	your are currently taking	ALLERGIES	To medications or substances
	Journal of the Control of the Contro		
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FAMILY H	ISTORY	Fill in healt	th informa	tion about your family	/ .			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
Relation	Age	State of	Age at	Cause of Death	Check if your blood relativ		l relatives		
Cathou		Health	Death		X		Disease		Relationship to you
Father			-		-	1	Diabetes		
Mother						Cancer			
Brothers						Bleeding tendency			
						Kidney disease			77
			thouse	占 ₁₀₀	n tow	Tuberculosis			er pripadjustin
			(separate	□ Pac	ed legitor	Heart disease			
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HOSPITA	LIZATIO	NS							HISTORY
Year	Hospital			Reason for hospitalization			Year of Birth	Sex of Birth	Complications, if any
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F-10	Foreignungs Indigention				e ci p	X		Type and daily amount	
Have you	ever had	a blood trans	sfusion?	No ☐ Yes			<u> </u>	Caffeine	T
Have you ever had a blood transfusion? ☐ No ☐ Yes Do you have an advance directive (living will)? ☐ No ☐ Yes						sidle		Tobacco	
		SSES/INJUF			4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Drugs	s 33 06483
Illness or	CAST CONTRACT CONTRAC	JOE S/1140 OF	Date	Outcome				Alcohol	
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									Hepatitis
James				ya.				(374)	t des

Patient Signature:

Today's Date: _