Medical History Questionnaire

Name		Age	Do You Have Any Allergies?
Reason for Your Visit			Medicines:
Reason for four visit	el como establista (Alexandre de destrue es el contrat establista (Alexandre establista	Charles and Charles And Assessment Charles and Assessment Charles and Charles	
		and the second s	Environmental or Food:
Past Medical History	way was made a same of the		
 Please check the boxes to indicate 		ive any of the follow	ing illnesses; please explain the "yes" answers:
	Yes No		
High Blood Pressure			
Heart Disease			
Diabetes			A REPORT OF THE PROPERTY OF TH
Respiratory Problems			
Stomach or Intestinal Problems			
Kidney Disorders			
Thyroid Problems	BI 18		
Neurological Problems			
Tumors or Cancer	V		
Other Medical Problems	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		na ping ta at the case of the control of the case of t
Medications Please list all medica	tions:		
and where the first the transfer of the first			
Social History	Yes No		
Have you ever been a smoker?	图	How many cigarettes	per day? When did you quit?
Do you drink alcohol?		252 (5	
Any history of drug use?	(F)	# #1.4	
What is your occupation?	An ann and a street and a street and an annual an annual and an annual an annual and an annual an annual and an annual an an	But the state of t	
What is your marital status?	CONTRACT DELINETY CONTRACTOR		
Family History			
Please check the boxes to indicate	whether your re	latives have any of	the following illnesses:
	Yes No		
Hearing Problems	32		
Allergies/Hay Fever			
Thyroid Problems	320		
Diabetes			
Respiratory Problems			
Heart Problems			
Cancer	F 5	to recommende a section of the control of	
Bleeding Disorders			
Anesthesia Complications		-	
Other Medical Problems			an estadormo de consensacione en consensacione de consens

Medical History Questionnaire

Review of System	S						
Please check the boxes to indicate whether you have any of the following symptoms:							
	_	Yes	No		Yes No		
General	Weight Loss or Gain	15%		Night Sweats			
General	Fatigue	100 100 100 100 100	23	Poor Appetite			
Eyes	Eye Pain	-10	333	Double Vision			
-	Watery or Itchy eyes		13	Sudden Vision change			
ENT	Hearing Loss			Ear Noises			
	Dizziness	(366) (30.6)		Ear Pain			
	Nasal Congestion	15	144	Sinus Pressure or Pain			
	Problems with the Sense of Smell	30	N#	Nosebleed			
	Snoring	N.		Daytime Sleepiness			
	Hoarseness	22	500° 200	Throat Clearing			
	Difficulty Swallowing		186	Throat Pain			
Allergy	Sneezing	32	級	Post Nasal Drip			
425	Previous Allergy Testing			Lip or Tongue Swelling			
	If yes, what were the results?						
Respiratory	Cough		1/3 m 1 m W	Coughing Blood	[3]		
	Shortness of Breath	140	45	Wheezing			
Cardiac	Chest Pain		特	Palpitation			
Gastor-	Nausea or Vomiting	188	17.0	Heartburn			
Intestinal	Regurgitation		2.65	Abdominal Pain			
Genito-	Frequent Urination	G.	201	Pain with Urination	2.1		
Urinary	Blood in Urine	<i>1</i> .9	<u>@</u>	Incontinence	5.8 (c) 170		
Musculo-	Joint Ache	1 18	100	Muscle Pain			
skeletal	Bone Pain	(64)	1,43	Muscle Spasm	43		
	Hammer Toes	0.75	表作	Foot Ulcers	<u> </u>		
4	Bunions		<u> </u>	Foot pain			
Heme-	Swollen Glands	24.2	1234-1 61-274	Frequent Infections			
Lymphatics	Bleeding Problems	140		Easy Bruising			
Endocrine	Feeling warm at all times	<u> </u>		Feeling cold at all times			
Skin	Rash	100	24	Hives			
	Itching	13		Skin or Hair Changes			
Neuro-	Depression	33	25.	Mood Swings			
Psych.	Headache	55		Seizures			
	Numbness			Weakness			

Patient Signature	Date	