HEALTH HISTORY

1. Yes No IS PATIENT'S GENERAL HEALTH GOOD? 2. Yes No HAS THERE BEEN A CHANGE IN PATIENTS HEALTH WITHIN THE YEAR? 3. Yes No HAS TARRISH BERN HOSPITALIZED IN THE LIST THREE YEARS? WHY? 4. Yes No IS PATIENT BEING TREATED BY A PHYSICIAN NOW? WHY? 5. Yes No IS PATIENT BEING TREATED BY A PHYSICIAN NOW? WHY? 5. Yes No IS PATIENT EXPERIENCED? 6. Yes No CHEST FAIN (Anging)? 7. Yes No SWOLLEN ANKLES? 8. Yes No SWOLLEN ANKLES? 8. Yes No SWOLLEN ANKLES? 8. Yes No SWOLLEN ANKLES? 9. Yes No RECCENT WEIGHT LOSS, FEVER, CHILLS? 9. Yes No RECCENT WEIGHT LOSS, FEVER, CHILLS? 9. Yes No RECCENT WEIGHT LOSS, FEVER, CHILLS? 9. Yes No SHOUNESS OF COUCHING UP BLOOD? 12. Yes No SHOUNESS OF COUCHING UP BLOOD? 13. Yes No BIFFOLLITY SWALLOWING? 14. Yes No DIFFOLLITY SWALLOWING? 15. Yes No FECOLITY CHINATING, BLOODY STOOLS? 16. Yes No DIFFOLLITY WORNITHON, BLOODY STOOLS? 17. Yes No DIFFOLLITY WORNITHON, BLOODY STOOLS? 18. Yes No DIFFOLLITY WORNITHON, BLOODY STOOLS? 19. Yes No HEART DISEASE? 19. Yes No HEART DISEASE? 10. Yes No DIFFOLLITY WORNITHON, BLOODY STOOLS? 10. Yes No HEART DISEASE? 10. Yes No HEART DISEASE? 10. Yes No HEART DISEASE? 11. Yes No DIFFOLLITY WORNITHON, BLOODY STOOLS? 12. Yes No STOKE, HARDENING, AUSTRALIAN STOPPHERS STOOLS? 13. Yes No HEART DISEASE? 14. Yes No DIFFOLLITY WORNITHON, BLOODY STOOLS? 15. Yes No HEART DISEASE? 16. Yes No DIFFOLLITY WORNITHON, BLOODY STOOLS? 16. Yes No DIFFOLLITY WORNITHON, BLOODY STOOLS? 17. Yes No DIFFOLLITY WORNITHON, BLOODY STOOLS? 18. Yes NO HEART DISEASE? 19. Yes NO HEART DISEASE? 19. Yes NO HEART DISEASE? 10. Yes NO HEART DISEASE? 20. Yes NO HEART DISEASE? 21. Yes NO STOOLS STOOLS STOOLS? 22. Yes NO STOOLS STOOLS STOOLS? 23. Yes NO HEART DISEASE? 24. Yes NO DISEASES? 25. Yes NO HEART DISEASES? 26. Yes NO HEART DISEASES? 27. Yes NO HEART DISEASES? 28. Yes NO HEART DISEASES? 29. Yes NO HEART DIS	Pati	ent's	Name	:				Birth Date	
2. Yes No HASTHER BERN A CHANGE IN PATIENT'S HEALTH WITHIN THE YEAR? 4. Yes No 15 PATIENT SEING TREATED BY A PHYSICIAN NOW? 4. Yes No 15 PATIENT SEING TREATED BY A PHYSICIAN NOW? 5. Yes No 15 PATIENT SEING TREATED BY A PHYSICIAN NOW? 4. Yes No 15 PATIENT SEING TREATED BY A PHYSICIAN NOW? 5. Yes No 15 PATIENT SEING TREATED BY A PHYSICIAN NOW? 4. Yes No 15 PATIENT SEING TREATED BY A PHYSICIAN NOW? 4. Yes No 15 PATIENT SEING TREATED BY A PHYSICIAN NOW? 4. Yes No 15 PATIENT SEING TREATED BY A PHYSICIAN NOW? 4. Yes No 15 PATIENT SEING HAD PROBLEMS WITH PRIOR DENTAL OR ORTHODONTIC TREATMENT? 5. Yes No 16 SHORTH SEING S	CIRCLE APPROPRIATE ANSWER (leave Blank if you do not understand question)								
1. Yes						102			
4. Yes No IS PATIENT BEING TREATED BY A PHYSICIAN NOW ? WHY? 5. Yes No IS AZINENT BEING HAD PROBLEMS WITH PRIOR DENTAL OR ORTHODONTIC TREATMENT? HAS PATIENT EXPERIENCED? 6. Yes No CHEST PAIN (Anging) ? 7. Yes No CHEST PAIN (Anging) ? 7. Yes No CHEST PAIN (Anging) ? 8. Yes No CHEST PAIN (Anging) ? 9. Yes No SMORTH SO CHEBRATH? 10. Yes No BOOKERS SO (ERBATH? 11. Yes No BEGSINT WEIGHT LOSS, FEVER, CHELS? 12. Yes No BEGSINT WEIGHT LOSS, FEVER, CHELS? 13. Yes No BERSISTENT COUGH, COUGHING UP BROODD ? 10. Yes No BIREDIDG PROBLEMS, BRUISING EASILY? 12. Yes No BIREDIDG PROBLEMS, BRUISING EASILY? 13. Yes No BIREDIDG PROBLEMS, BRUISING EASILY? 14. Yes No DIFFICULTY SWALLOWING? 15. Yes No DIFFICULTY SWALLOWING? 16. Yes No DIFFICULTY SWALLOWING? 17. Yes No DIFFICULTY SWALLOWING? 18. Yes No BOOKERS, REY SWALLOWING? 18. Yes No BRUISHORD STATEM PROBLEMS, BRUISING EASILY? 18. Yes No BRUISHORD STATEM PROBLEMS, BRUISING EASILY? 18. Yes No PREQUENT VOMITING, NAUSEA? 18. Yes No DIFFICULTY SWALLOWING? 19. Yes No BRUTSHAPPENTING, BLOOD IN URINE? 19. Yes NO BRUT						1N Y			
WHY 3				MHA §					
5. Yes No Expatient Elenic Had Problems with Prior Dental or Orthodontic Treatment ? HAS PATIENT EXPERIENCED? 6. Yes No CHEST PAIN (Angino)? 7. Yes No CHEST PAIN (Angino)? 8. Yes No SWOLLEN ANKIES? 9. Yes No SWORTHESS OF BREATH? 19. Yes No HEADACHES? 9. Yes No RECENT WEIGHT LOSS, FEVER, CHILLS? 10. Yes No PRESISTENT COUGH, COUGHNING UP BLOOD? 11. Yes No BLIEBING PROBLEMS, RRUISING EASILY? 12. Yes No SILURED VISION? 13. Yes No SILURED VISION? 13. Yes No BLIEBING PROBLEMS; 14. Yes No DIFFICULTY SWALLOWING? 15. Yes No DIFFICULTY SWALLOWING? 16. Yes No DIFFICULTY SWALLOWING? 17. Yes No DIFFICULTY SWALLOWING? 18. Yes No PREQUENT VOMITING, NAUSEA? 19. Yes No HEART DEREAS? 19. Yes No HEART ATTACK, HEART DEFECTS? 20. Yes No HEART ATTACK, HEART DEFECTS? 21. Yes No STROKE, HARDING OF ARTERIES? 22. Yes No STROKE, HARDING OF ARTERIES? 23. Yes No BRIEDING PROBLEMS; 24. Yes No HEART MERSON, OTHER LIVES DISEASE? 25. Yes No HEART MERSON, OTHER LIVES DISEASE? 26. Yes No HEART MERSON, OTHER LIVES DISEASE? 27. Yes No STROKE, HARD, OTHER LIVES DISEASE? 28. Yes No STROKE, HARD, OTHER LIVES DISEASE? 29. Yes No STROKE, HARD, OTHER LIVES DISEASE? 20. Yes No STROKE, HARD, OTHER LIVES DISEASE? 21. Yes No STROKE, HARD, OTHER LIVES DISEASE? 22. Yes No STROKE, HARD, OTHER LIVES DISEASE? 23. Yes No STROKE, HARD, OTHER LIVES DISEASE? 24. Yes No ASTONACH PROBLEMS, ULCER? 25. Yes No PATIENT TAKING? 26. Yes No PATIENT HAVE OR EVER EXPERIENCED? 26. Yes No PATIENT HARD OR EVER EXPERIENCED? 27. Yes No DIABOTER, OTHER LIVES DISEASE? 28. Yes No PATIENT HARD OR OF OTHER LIVES DISEASE? 29. Yes No PATIENT HARD OR OF OTHER LIVES DISEASE? 29. Yes No PATIENT HARD OR OF OTHER LIVES DISEASE? 20. Yes No PATIENT HARD OR OTHER DISEASES? 20. Yes No PATIENT HARD OR OTHER DISEASES? 21. Yes No PATIENT HARD OR OTHER DISEASES? 22. Yes No PATIENT HARD OR OTHER DISEASES OR MEDICAL PROBLEMS NOT LISTED ON THIS FORM? 25. Yes No PATIENT TAKING? 26. Yes No PATIENT HARD OR OTHER DISEASES OR MEDICAL PROBLEMS NOT LISTED ON THIS F	·4.	Yes	No	IS PATIENT BEING TREATED BY A PHYSICIAN NOW ?			-		
### AS PATIENT EXPERIENCED ? 6. Yes No CHEST PAIN (Angino) ? 7. Yes No CHEST PAIN (Angino) ? 8. Yes No SWOLLEN ANKLES? 8. Yes No SWOLLEN ANKLES? 8. Yes No SWOLLEN ANKLES? 8. Yes No SHORTNESS OF BREATH? 10. Yes No ERCENT WEIGHT LOSS, FEVER, CHILLS? 10. Yes No ERCENT WEIGHT LOSS, FEVER, CHILLS? 10. Yes No BLEDTING PROBLEMS, BRUINING EASILY? 11. Yes No BLEDTING PROBLEMS, BRUINING EASILY? 12. Yes No BLEDTING PROBLEMS, BRUINING EASILY? 12. Yes No BILWRED VISION? 13. Yes No DIFFICULTY SVALLOWING? 14. Yes No DIARRHEA, CONSTIPATION, BLOODY STOOLS? 15. Yes No FEGURENT VOMITING, NAUSEA? 16. Yes No DIFFICULTY URNATING, BLOOD IN URINE? 27. Yes No JOINT PAIN, STIFFNESS? 18. Yes No DIFFICULTY URNATING, BLOOD IN URINE? 28. Yes No HEART DISEASE? 29. Yes No HEART ANDRAURS? 20. Yes No HEART ANDRAURS? 21. Yes No STROKE, HEART DEFECTS? 22. Yes No STROKE, HARDENING OF ANTERIES? 23. Yes No HEART ANDRAURS? 24. Yes No STROKE, HARDENING OF ANTERIES? 25. Yes No HEART ANDRAURS? 26. Yes No STROKE, HARDENING OF ANTERIES? 27. Yes No ALBRAUGHT ANDRAURS? 28. Yes No TRUBENING OF ANTERIES? 29. Yes No STROKE, HARDENING OF ANTERIES? 20. Yes No STROKE, HARDENING OF ANTERIES? 21. Yes No STROKE, HARDENING OF ANTERIES? 22. Yes No STROKE, HARDENING OF ANTERIES? 23. Yes No HEART ANDRAURS? 24. Yes No TRUBENING OF ANTERIES? 25. Yes No HEART ANDRAURS? 26. Yes No STROME LIVER DISEASE? 27. Yes No ALBRAUEST OR PRESSURE? 28. Yes No STROME HARDENING OF ANTERIES? 29. Yes No STROME HARDENING OF ANTERIES? 20. Yes No STROME HARDENING OF ANTERIES? 20. Yes No STROME HARDENING OF ANTERIES? 21. Yes No STROME HARDENING OF ANTERIES? 22. Yes No STROME HARDENING OF ANTERIES? 23. Yes No No STROME HARDENING OF ANTERIES? 24. Yes No STROME HARDENING OF ANTERIES? 25. Yes No STROME HARDENING OF ANTERIES? 26. Yes No STROME HARDENING OF ANTERIES? 27. Yes No STROME HARDENING OF ANTERIES? 28. Yes No STROME HARDENING OF ANTERIES? 29. Yes No STROME HARDENING OF ANTERIES? 29. Yes No STROME HARDENING OF ANTERIES? 29. Yes No STROME HA	5.	Yes	No	WHY ? IS PATIENT BEING HAD PROBLEMS WITH PRIOR DENTAL OR	ORTHO	DONI	IC TRI	FATMENT 2	
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11. Yes No SINUS PROBLEMS; BKUISING EASILY? 12. Yes No DIFFICULTY SWALLOWING? 13. Yes No DIFFICULTY WALLOWING? 14. Yes No DIARRHEA, CONSTIPATION, BLOODY STOOLS? 15. Yes No PREQUENT VOMITING, NAUSEA? 16. Yes No DIFFICULTY WINTAITING, BLOOD IN URINE? 17. Yes No DIFFICULTY WINTAITING, BLOOD IN URINE? 18. Yes No DIFFICULTY WINTAITING, BLOOD IN URINE? 18. Yes No HEART DISEASE? 19. Yes No HEART DISEASE? 20. Yes No JUNIOCE? 21. Yes No JUNIOCE? 22. Yes No JUNIOCE? 23. Yes No JUNIOCE? 24. Yes No JUNIOCE? 25. Yes No JUNIOCE? 27. Yes No JUNIOCE? 28. Yes No HEART DISEASE? 28. Yes No HEART DISEASE? 29. Yes No HEART MURKAURS? 20. Yes No STROKE, HARDENING OF ARTERIES? 20. Yes No STROKE, HARDENING OF ARTERIES? 21. Yes No STROKE, HARDENING OF ARTERIES? 22. Yes No STROKE, HARDENING OF ARTERIES? 23. Yes No HEART ATTORIER LIVER DISEASES? 24. Yes No No HEART STROMEN OF THE LIVER DISEASES? 25. Yes No HEART STO DRUGS, DICERS? 26. Yes No STROMACH PROBLEMS, UICERS? 27. Yes No NERYOUSNESS OR HYPERACTIVITY? 28. Yes No PSYCHIATRIC CARE? 29. Yes No NERYOUSNESS OR HYPERACTIVITY? 29. Yes No NERYOUSNESS OR HYPERACTIVITY? 29. Yes No PSYCHIATRIC CARE? 20. Yes No PROSTHETIC CARE? 21. Yes No PROSTHETIC CARE? 25. Yes No ARTIFICIAL JOINT? 26. Yes No PROSTHETIC CARE? 26. Yes No PROSTHETIC CARE? 27. Yes No EMICHARY SOLUTION OF THE LIVER DISEASE? 28. Yes No PROSTHETIC CARE? 29. Yes No REFERENCED? 20. Yes No PROSTHETIC CARE? 20. Yes No PROSTHETIC CARE? 20. Yes No PROSTHETIC CARE? 21. Yes No PROSTHETIC CARE? 22. Yes No ARTIFICIAL JOINT? 24. Yes No ARTIFICIAL JOINT? 25. Yes No ARTIFICIAL JOINT? 26. Yes No ARTIFICIAL JOINT? 26. Yes No PROSTHETIC CARE? 27. Yes No ARTIFICAL JOINT? 27. Yes No ARTIFICAL JOINT? 28. Yes No DIAGREE STORMED STROMEN SOLUTION OF THE LIVER DISEASE? 29. Yes No ARTIFICAL JOINT? 29. Yes No PROSTHETIC CARE? 29. Yes No ARTIFICAL JOINT? 20. Yes No DIAGREE STAIN OF THE LIVER DISEASES OR MEDICAL PROBLEMS NOT LISTED ON THIS FORM? 28. Yes No DIAGREE STAIN OF THE LIVER DISEASES OR MEDICA	9.	Yes	No	RECENT WEIGHT LOSS, FEVER, CHILLS ?					
11. Yes No SINUS PROBLEMS; BKUISING EASILY? 12. Yes No DIFFICULTY SWALLOWING? 13. Yes No DIFFICULTY WALLOWING? 14. Yes No DIARRHEA, CONSTIPATION, BLOODY STOOLS? 15. Yes No PREQUENT VOMITING, NAUSEA? 16. Yes No DIFFICULTY WINTAITING, BLOOD IN URINE? 17. Yes No DIFFICULTY WINTAITING, BLOOD IN URINE? 18. Yes No DIFFICULTY WINTAITING, BLOOD IN URINE? 18. Yes No HEART DISEASE? 19. Yes No HEART DISEASE? 20. Yes No JUNIOCE? 21. Yes No JUNIOCE? 22. Yes No JUNIOCE? 23. Yes No JUNIOCE? 24. Yes No JUNIOCE? 25. Yes No JUNIOCE? 27. Yes No JUNIOCE? 28. Yes No HEART DISEASE? 28. Yes No HEART DISEASE? 29. Yes No HEART MURKAURS? 20. Yes No STROKE, HARDENING OF ARTERIES? 20. Yes No STROKE, HARDENING OF ARTERIES? 21. Yes No STROKE, HARDENING OF ARTERIES? 22. Yes No STROKE, HARDENING OF ARTERIES? 23. Yes No HEART ATTORIER LIVER DISEASES? 24. Yes No No HEART STROMEN OF THE LIVER DISEASES? 25. Yes No HEART STO DRUGS, DICERS? 26. Yes No STROMACH PROBLEMS, UICERS? 27. Yes No NERYOUSNESS OR HYPERACTIVITY? 28. Yes No PSYCHIATRIC CARE? 29. Yes No NERYOUSNESS OR HYPERACTIVITY? 29. Yes No NERYOUSNESS OR HYPERACTIVITY? 29. Yes No PSYCHIATRIC CARE? 20. Yes No PROSTHETIC CARE? 21. Yes No PROSTHETIC CARE? 25. Yes No ARTIFICIAL JOINT? 26. Yes No PROSTHETIC CARE? 26. Yes No PROSTHETIC CARE? 27. Yes No EMICHARY SOLUTION OF THE LIVER DISEASE? 28. Yes No PROSTHETIC CARE? 29. Yes No REFERENCED? 20. Yes No PROSTHETIC CARE? 20. Yes No PROSTHETIC CARE? 20. Yes No PROSTHETIC CARE? 21. Yes No PROSTHETIC CARE? 22. Yes No ARTIFICIAL JOINT? 24. Yes No ARTIFICIAL JOINT? 25. Yes No ARTIFICIAL JOINT? 26. Yes No ARTIFICIAL JOINT? 26. Yes No PROSTHETIC CARE? 27. Yes No ARTIFICAL JOINT? 27. Yes No ARTIFICAL JOINT? 28. Yes No DIAGREE STORMED STROMEN SOLUTION OF THE LIVER DISEASE? 29. Yes No ARTIFICAL JOINT? 29. Yes No PROSTHETIC CARE? 29. Yes No ARTIFICAL JOINT? 20. Yes No DIAGREE STAIN OF THE LIVER DISEASES OR MEDICAL PROBLEMS NOT LISTED ON THIS FORM? 28. Yes No DIAGREE STAIN OF THE LIVER DISEASES OR MEDICA	10.	Yes	No	PERSISTENT COUGH, COUGHING UP BLOOD ?	21.	Yes	No	BLURRED VISION ?	
12. Yes No SINUS PROBLEMS? 13. Yes No DIFFICULTY WALLOWING? 14. Yes No DIFFICULTY WALLOWING? 15. Yes No DIFFICULTY WAILOWING, BLOODY STOOLS? 15. Yes No DIFFICULTY WAILOWING? 16. Yes No DIFFICULTY WAILOWING? 16. Yes No DIFFICULTY WAILOWING, BLOOD IN URINE? 27. Yes No JOINT PAIN, STIFFNESS? HAS PATIENT EVER HAD? 28. Yes No HEART DISEASE? 40. Yes No JOINT PAIN, STIFFNESS? 41. Yes No ARTHRITIS, RHEUMATISM? 41. Yes No TUMORS, CANCER? 42. Yes No STROKE, HARDENING OF ARTERIES? 43. Yes No STROKE, HARDENING OF ARTERIES? 44. Yes No STROKE, HARDENING OF ARTERIES? 45. Yes No HEART INSEASES? 46. Yes No TIB, EMPHYSEMA, OTHER LUNG DISEASES? 47. Yes No HEARTING, TOITHER LIVER DISEASES? 48. Yes No STOMACH PROBLEMS, UICERS? 49. Yes No STOMACH PROBLEMS, UICERS? 49. Yes No STEONED, STO RUGS, FOODS, OR LATEX? 49. Yes No DISEASES? 40. Yes No DISEASES? 41. Yes No THYPROIL OF REVER EXPERIENCED? 50. Yes No OSTEOPROSIS? 50. Yes No DISEASES? 50. Yes No DISEASES? 50. Yes No DISEASES? 51. Yes No PROSCHIATER CARE? 52. Yes No RADIATION TREATMENTS? 53. Yes No ARTHRITIS AND PREMACED. 54. Yes No PROSCHIATER CARE? 55. Yes No ARTHRITIS AND PREMACED. 56. Yes No BUOOD TRANSFUSION? 57. Yes No BUOOD TRANSFUSION? 58. Yes No CHEMOTHERAPY? 58. Yes No DRUGS, MEDICINES (incl. Aspirin)? 60. Yes No TOBACCO IN ANY FORM? 61. Yes No PRESENTLY IN THE MENOPAUSE? 61. Yes No DRUGS, MEDICINES (incl. Aspirin)? 62. Yes No DRUGS, MEDICINES (incl. Aspirin)? 63. Yes No DO YOU HAVE OR HAVE HAD ANY OTHER DISEASES OR MEDICAL PROBLEMS NOT LISTED ON THIS FORM? IF SO, PLEASE EXPLAIN: 1 have answered every question accurately. I will inform this office of any change in my health.	11.	Yes	No	BLEEDING PROBLEMS, BRUISING EASILY ?	22.	Yes	No	SEIZURES ? (Epilepsy)	
13. Yes No DIFFICULTY SWALLOWING? 14. Yes No DIARCHEA, CONSTIPATION, BLOODY STOOLS? 15. Yes No DARRHEA, CONSTIPATION, BLOODY STOOLS? 16. Yes No DIFFICULTY URINATING, NAUSEA? 26. Yes No JAUNDICE? 27. Yes No JOINT PAIN, STIPFNESS? HAS PATIENT EVER HAD? 28. Yes No HEART DISEASE? 29. Yes No HEART ATTACK, HEART DEFECTS? 30. Yes No HEART ATTACK, HEART DEFECTS? 31. Yes No HEART ATTACK, HEART DEFECTS? 31. Yes No HEART ATTACK, HEART DEFECTS? 32. Yes No STROKE, HARDENING OF ARTERIES? 33. Yes No HIGH BLOOD PRESSURE? 34. Yes No HIGH BLOOD PRESSURE? 34. Yes No HIGH BLOOD PRESSURE? 35. Yes No HIGH BLOOD PRESSURE? 36. Yes No STROME, HARDENING OF ARTERIES? 37. Yes No HIGH BLOOD PRESSURE? 38. Yes No HIGH BLOOD PRESSURE? 38. Yes No HIGH BLOOD PRESSURE? 39. Yes No NERVOUSNESS OR HYPERACTIVITY? 39. Yes No ALLERGIES TO DRUGS, FOODS, OR LATEX? 39. Yes No NERVOUSNESS OR HYPERACTIVITY? 39. Yes No NERVOUSNESS OR HYPERACTIVITY? 30. Yes No PROSTHETINE HAVE OR EVER EXPERIENCED? 31. Yes No RADIATION TREATMENTS? 32. Yes No RADIATION TREATMENTS? 33. Yes No RADIATION TREATMENTS? 34. Yes No PROSTHETION TREATMENTS? 35. Yes No RADIATION TREATMENTS? 36. Yes No PROSTHETION TREATMENTS? 37. Yes No ARTIFICIAL JOINT? 38. Yes No CHEMOTHERATY ALVE? 39. Yes No ROSTHETION TREATMENTS? 30. Yes No ROSTHETION TREATMENTS? 31. Yes No PROSTHETION TREATMENTS? 32. Yes No ROSTHETION TREATMENTS? 33. Yes No CHEMOTHERATY ALVE? 34. Yes No TAKING ? 35. Yes No ROSTHETION TREATMENTS? 36. Yes No PROSTHETION TREATMENTS? 37. Yes No ARTIFICIAL JOINT? 38. Yes No PROSTHETION TREATMENTS? 39. Yes No PROSTHETION TREATMENTS? 30. Yes No PROSTHETION TREATMENTS? 31. Yes No PROSTHETION TREATMENTS? 32. Yes No PROSTHETION TREATMENTS? 33. Yes No PROSTHETION TREATMENTS? 34. Yes No TAKING ? 35. Yes No ARTIFICIAL JOINT? 36. Yes No PROSTHETION TREATMENTS? 37. Yes No PROSTHETION TREATMENTS? 38. Yes No PROSTHETION TREATMENTS? 39. Yes No PROSTHETION TREATMENTS? 30. Yes No PROSTHETION TREATMENTS? 31. Yes No PROSTHETION TREATMENTS? 32. Yes No PROSTHETION TREATMENTS? 33. Yes No PROSTHETION TREATME	12.	Yes	No	SINUS PROBLEMS ?	23.	Yes	No	EXCESSIVE THIRST ?	
14. Yes No DIARRHEA, CONSTIPATION, BLOODY STOOLS? 15. Yes No DIFFICULTY URINATING, BLOOD IN URINE? 16. Yes No DIFFICULTY URINATING, BLOOD IN URINE? 27. Yes No JOINT PAIN, STIFFNESS? HAS PATIENT EVER HAD? 28. Yes No HEART DIESEASE? 29. Yes No HEART ATTACK, HEART DEFECTS? 30. Yes No HEART ATTACK, HEART DEFECTS? 31. Yes No HEART MEMBURS? 32. Yes No STROKE, HARDENING OF ARTERIES? 33. Yes No STROKE, HARDENING OF ARTERIES? 34. Yes No STROKE, HARDENING OF ARTERIES? 35. Yes No HEART MEMBURS? 36. Yes No HEART MEMBURS? 37. Yes No HEART MEMBURS? 38. Yes No THER LURG DISEASES? 39. Yes No HEART STROKE, HARDENING OF ARTERIES? 30. Yes No THEARTH, TOTHER LURG DISEASES? 31. Yes No THEARTH, TOTHER LURG DISEASES? 32. Yes No STROKE, HARDENING OF ARTERIES? 33. Yes No HEART STROKE, HARDENING OF ARTERIES? 34. Yes No THEARTH, TOTHER LURG DISEASES? 35. Yes No HEART MEMBURS? 36. Yes No THEARTH, TOTHER LURG DISEASES? 37. Yes No ALLERGUES: TO THERE STROME DISEASES? 38. Yes No STOMACH PROBLEMS, ULCERS? 39. Yes No OSTOPOROSIS? 30. Yes No OSTOPOROSIS? 30. Yes No OSTOPOROSIS? 30. Yes No DIABETES? 31. Yes No NERVOUSINESS OR HYPERACTIVITY? 32. Yes No NERVOUSINESS OR HYPERACTIVITY? 33. Yes No PROSTHERIT CARE? 34. Yes No BLOOD TRANSPUSION? 35. Yes No ARTIFICIAL JOINT? 36. Yes No ARTIFICIAL JOINT? 37. Yes No PROSTHERIC FLEAT VALVE? 38. Yes No PROSTHERIC FLEAT VALVE? 39. Yes No DRUGS, MEDICINES (incl. Aspirin)? 30. Yes No DRUGS, MEDICINES (incl. Aspirin)? 30. Yes No TAKING PRESENTED ON THE MEMOPAUSE? 31. Yes No PRESENTITY ONLY: 32. Yes No PRESENTITY IN THE MEMOPAUSE? 34. Yes No PRESENTITY IN THE MEMOPAUSE? 35. Yes No DO YOU HAVE OR HAVE HAD ANY OTHER DISEASES OR MEDICAL PROBLEMS NOT LISTED ON THIS FORM? 36. Yes No DO YOU HAVE OR HAVE HAD ANY OTHER DISEASES OR MEDICAL PROBLEMS NOT LISTED ON THIS FORM? 36. Yes No DO YOU HAVE OR HAVE HAD ANY OTHER DISEASES OR MEDICAL PROBLEMS NOT LISTED ON THIS FORM? 36. Yes No DO YOU HAVE OR HAVE HAD ANY OTHER DISEASES OR MEDICAL PROBLEMS NOT LISTED ON THIS FORM? 36. Yes No DO YOU HAVE OR HAVE HAD ANY OTHER DISEASES	13.	Yes	No	DIFFICULTY SWALLOWING ?		Yes	No	FREQUENT URINATION ?	
### HAS PATIENT EVER HAD? 28. Yes No HEART DISEASE? 29. Yes No HEART ATTACK, HEART DEFECTS? 31. Yes No HEART MURMURS? 31. Yes No RHEUMATIC FEVER? 32. Yes No STROKE, HARDENING OF ARTERIES? 33. Yes No HIGH BLOOD PRESSURE? 44. Yes No STROKE, HARDENING OF ARTERIES? 34. Yes No ARTHRITIS, RHEUMATISM? 45. Yes No ARTHRITIS, RHEUMATISM? 46. Yes No No STROKE, HARDENING OF ARTERIES? 47. Yes No HIGH BLOOD PRESSURE? 48. Yes No No ANEMAR? 49. Yes No No HERATISM, OTHER LUNG DISEASES? 40. Yes No No HERATISM, OTHER LUNG DISEASES? 41. Yes No No ALLERGIES: TO DRUGS, FOODS, OR LATEX? 42. Yes No No ALLERGIES: TO DRUGS, FOODS, OR LATEX? 43. Yes No No NERVOURNESS OR HYPERACTIVITY? **DOES PATIENT HAVE OR EVER EXPERIENCED?** 51. Yes No PSYCHATRIC CARE? 52. Yes No PROSTHETIC HEART VALVE? 53. Yes No PROSTHETIC HEART VALVE? 54. Yes No PROSTHETIC HEART VALVE? 55. Yes No RECREATIONAL DRUGS? 61. Yes No RECREATIONAL DRUGS? 62. Yes No RECREATIONAL DRUGS? 63. Yes No RECREATIONAL DRUGS? 64. Yes No PROSTHETIC HEART VALVE? 65. Yes No RECREATIONAL DRUGS? 66. Yes No PRESENTLY IN THE MENOPAUSE? 67. Yes No TAKING BIRTH CONTROL PILLS? 68. Yes No PAST MENOPAUSE? 69. Yes No PAST MENOPAUSE? 60. Yes No TAKING BIRTH CONTROL PILLS? 61. Yes No RECREATIONAL DRUGS? 62. Yes No PRESENTLY IN THE MENOPAUSE? 63. Yes No DOYOU HAVE OR HAVE HAD ANY OTHER DISEASES OR MEDICAL PROBLEMS NOT USTED ON THIS FORM? 65. Yes No PRESENTLY IN THE MENOPAUSE? 66. Yes No DOYOU HAVE OR HAVE HAD ANY OTHER DISEASES OR MEDICAL PROBLEMS NOT USTED ON THIS FORM? 67. I have answered every question accurately. I will inform this office of any change in my health.	14.	Yes	Νo	DIARRHEA, CONSTIPATION, BLOODY STOOLS ?	25.	Yes	No	DRY MOUTH ?	
### HAS PATIENT EVER HAD? 28. Yes No HEART DISEASE? 29. Yes No HEART ATTACK, HEART DEFECTS? 31. Yes No HEART MURMURS? 31. Yes No RHEUMATIC FEVER? 32. Yes No STROKE, HARDENING OF ARTERIES? 33. Yes No HIGH BLOOD PRESSURE? 44. Yes No STROKE, HARDENING OF ARTERIES? 34. Yes No ARTHRITIS, RHEUMATISM? 45. Yes No ARTHRITIS, RHEUMATISM? 46. Yes No No STROKE, HARDENING OF ARTERIES? 47. Yes No HIGH BLOOD PRESSURE? 48. Yes No No ANEMAR? 49. Yes No No HERATISM, OTHER LUNG DISEASES? 40. Yes No No HERATISM, OTHER LUNG DISEASES? 41. Yes No No ALLERGIES: TO DRUGS, FOODS, OR LATEX? 42. Yes No No ALLERGIES: TO DRUGS, FOODS, OR LATEX? 43. Yes No No NERVOURNESS OR HYPERACTIVITY? **DOES PATIENT HAVE OR EVER EXPERIENCED?** 51. Yes No PSYCHATRIC CARE? 52. Yes No PROSTHETIC HEART VALVE? 53. Yes No PROSTHETIC HEART VALVE? 54. Yes No PROSTHETIC HEART VALVE? 55. Yes No RECREATIONAL DRUGS? 61. Yes No RECREATIONAL DRUGS? 62. Yes No RECREATIONAL DRUGS? 63. Yes No RECREATIONAL DRUGS? 64. Yes No PROSTHETIC HEART VALVE? 65. Yes No RECREATIONAL DRUGS? 66. Yes No PRESENTLY IN THE MENOPAUSE? 67. Yes No TAKING BIRTH CONTROL PILLS? 68. Yes No PAST MENOPAUSE? 69. Yes No PAST MENOPAUSE? 60. Yes No TAKING BIRTH CONTROL PILLS? 61. Yes No RECREATIONAL DRUGS? 62. Yes No PRESENTLY IN THE MENOPAUSE? 63. Yes No DOYOU HAVE OR HAVE HAD ANY OTHER DISEASES OR MEDICAL PROBLEMS NOT USTED ON THIS FORM? 65. Yes No PRESENTLY IN THE MENOPAUSE? 66. Yes No DOYOU HAVE OR HAVE HAD ANY OTHER DISEASES OR MEDICAL PROBLEMS NOT USTED ON THIS FORM? 67. I have answered every question accurately. I will inform this office of any change in my health.	15.	Yes	No	FREQUENT YOMITING, NAUSEA ?	26.	Yes	No	JAUNDICE ?	
28. Yes No HEART DISEASE? 29. Yes No HEART ATTACK, HEART DEFECTS? 30. Yes No HEART ATTACK, HEART DEFECTS? 31. Yes No HEART ATTACK, HEART DEFECTS? 31. Yes No HEART MURMURS? 32. Yes No STROKE, HARDENING OF ARTERIES? 33. Yes No STROKE, HARDENING OF ARTERIES? 34. Yes No STROKE, HARDENING OF ARTERIES? 34. Yes No STROKE, HARDENING OF ARTERIES? 35. Yes No HIGH BLOOD PRESSURE? 45. Yes No ANEMIA? 36. Yes No STROKE, HARDENING OF ARTERIES? 47. Yes No ANEMIA? 37. Yes No HERATTIS, CHIER LIVER DISEASES? 48. Yes No SIND DISEASES? 48. Yes No KIDNEY, BLADDER DISEASE? 49. Yes No HERPES? 40. Yes No HERPES? 41. Yes No HERPES? 42. Yes No HERPES? 43. Yes No HERPES? 44. Yes No KIDNEY, BLADDER DISEASE? 45. Yes No HERPES? 46. Yes No DIABETES? 47. Yes No HERPES? 48. Yes No KIDNEY, BLADDER DISEASE? 48. Yes No MERPOUSINGS OF ONDS, OR LATEX? 49. Yes No DIABETES? 49. Yes No DIABETES? 40. Yes No DIABETES? 41. Yes No EMOTIONAL PROBLEMS, TENSION? 48. Yes No DIABETES? 49. Yes No DIABETES? 40. Yes No EMOTIONAL PROBLEMS, TENSION? 50. Yes No EMOTIONAL PROBLEMS, TENSION? 51. Yes No RADIATION TREATMENTS? 52. Yes No RADIATION TREATMENTS? 53. Yes No CONTACT LENSES? 54. Yes No CONTACT LENSES? 55. Yes No ARTHICIAL JOINT? 57. Yes No CONTACT LENSES? 58. Yes No TOBACCO IN ANY FORM? 58. Yes No DRUGS, MEDICINES (incl. Aspirin)? 59. Yes No PAST MENOPAUSE? 51. Yes No ARE YOU OR COULD YOU BE PREGNANT? 54. Yes No PAST MENOPAUSE? 55. Yes No ARE YOU OR COULD YOU BE PREGNANT? 56. Yes No DOYOU HAVE OR HAVE HAD ANY OTHER DISEASES OR MEDICAL PROBLEMS NOT USTED ON THIS FORM? 1 I have answered every question accurately. I will inform this office of any change in my health.	16.	Yes	No	DIFFICULTY URINATING, BLOOD IN URINE ?	27.	Yes	No	JOINT PAIN, STIFFNESS ?	
36. Yes No STOMACH PROBLEMS, ULCERS? 37. Yes No ALLERGIES: TO DRUGS, FOODS, OR LATEX? 38. Yes No OSTEOPOROSIS? 39. Yes No OSTEOPOROSIS? 39. Yes No NERVOUSNESS OR HYPERACTIVITY? DOES PATIENT HAVE OR EVER EXPERIENCED? 51. Yes No RADIATION TEATMENTS? 52. Yes No RADIATION TEATMENTS? 53. Yes No PROSTHETIC HEART VALVE? 54. Yes No PROSTHETIC HEART VALVE? 55. Yes No ARTIFICIAL JOINT? 15. PATIENT TAKING? 61. Yes No DRUGS, MEDICINES (incl. Aspirin)? 62. Yes No ARE YOU OR COULD YOU BE PREGNANT? 63. Yes No ARE YOU OR COULD YOU BE PREGNANT? 64. Yes No PRESENTLY IN THE MENOPAUSE? 65. Yes No DO YOU HAVE OR HAVE HAD ANY OTHER DISEASES OR MEDICAL PROBLEMS NOT LISTED ON THIS FORM? I have answered every question accurately. I will inform this office of any change in my health.	HAS PATIENT EVER HAD ?								
36. Yes No STOMACH PROBLEMS, ULCERS? 37. Yes No ALLERGIES: TO DRUGS, FOODS, OR LATEX? 38. Yes No OSTEOPOROSIS? 39. Yes No OSTEOPOROSIS? 39. Yes No NERVOUSNESS OR HYPERACTIVITY? DOES PATIENT HAVE OR EVER EXPERIENCED? 51. Yes No RADIATION TEATMENTS? 52. Yes No RADIATION TEATMENTS? 53. Yes No PROSTHETIC HEART VALVE? 54. Yes No PROSTHETIC HEART VALVE? 55. Yes No ARTIFICIAL JOINT? 15. PATIENT TAKING? 61. Yes No DRUGS, MEDICINES (incl. Aspirin)? 62. Yes No ARE YOU OR COULD YOU BE PREGNANT? 63. Yes No ARE YOU OR COULD YOU BE PREGNANT? 64. Yes No PRESENTLY IN THE MENOPAUSE? 65. Yes No DO YOU HAVE OR HAVE HAD ANY OTHER DISEASES OR MEDICAL PROBLEMS NOT LISTED ON THIS FORM? I have answered every question accurately. I will inform this office of any change in my health.	28.	Yes	No	HEART DISEASE ?	40.	Yes	No	AIDS or ARC ?	
36. Yes No STOMACH PROBLEMS, ULCERS? 37. Yes No ALLERGIES: TO DRUGS, FOODS, OR LATEX? 38. Yes No OSTEOPOROSIS? 39. Yes No OSTEOPOROSIS? 39. Yes No NERVOUSNESS OR HYPERACTIVITY? DOES PATIENT HAVE OR EVER EXPERIENCED? 51. Yes No RADIATION TREATMENTS? 52. Yes No RADIATION TREATMENTS? 53. Yes No PROSTHETIC HEART VALVE? 54. Yes No PROSTHETIC HEART VALVE? 55. Yes No ARTIFICIAL JOINT? 15. PATIENT TAKING? 61. Yes No DRUGS, MEDICINES (incl. Aspirin)? 62. Yes No ARE YOU OR COULD YOU BE PREGNANT? 63. Yes No ARE YOU OR COULD YOU BE PREGNANT? 64. Yes No PRESENTLY IN THE MENOPAUSE? 65. Yes No DO YOU HAVE OR HAVE HAD ANY OTHER DISEASES OR MEDICAL PROBLEMS NOT LISTED ON THIS FORM? I have answered every question accurately. I will inform this office of any change in my health.	29.	Yes	Νo	HEART ATTACK, HEART DEFECTS ?	41.	Yes	No	TUMORS, CANCER ?	
36. Yes No STOMACH PROBLEMS, ULCERS? 37. Yes No ALLERGIES: TO DRUGS, FOODS, OR LATEX? 38. Yes No OSTEOPOROSIS? 39. Yes No OSTEOPOROSIS? 39. Yes No NERVOUSNESS OR HYPERACTIVITY? DOES PATIENT HAVE OR EVER EXPERIENCED? 51. Yes No RADIATION TREATMENTS? 52. Yes No RADIATION TREATMENTS? 53. Yes No PROSTHETIC HEART VALVE? 54. Yes No PROSTHETIC HEART VALVE? 55. Yes No ARTIFICIAL JOINT? 15. PATIENT TAKING? 61. Yes No DRUGS, MEDICINES (incl. Aspirin)? 62. Yes No ARE YOU OR COULD YOU BE PREGNANT? 63. Yes No ARE YOU OR COULD YOU BE PREGNANT? 64. Yes No PRESENTLY IN THE MENOPAUSE? 65. Yes No DO YOU HAVE OR HAVE HAD ANY OTHER DISEASES OR MEDICAL PROBLEMS NOT LISTED ON THIS FORM? I have answered every question accurately. I will inform this office of any change in my health.	30.	Yes	No	HEART MURMURS ?	42.	Yes	No	ARTHRITIS, RHEUMATISM ?	
36. Yes No STOMACH PROBLEMS, ULCERS? 37. Yes No ALLERGIES: TO DRUGS, FOODS, OR LATEX? 38. Yes No OSTEOPOROSIS? 39. Yes No OSTEOPOROSIS? 39. Yes No NERVOUSNESS OR HYPERACTIVITY? DOES PATIENT HAVE OR EVER EXPERIENCED? 51. Yes No RADIATION TREATMENTS? 52. Yes No RADIATION TREATMENTS? 53. Yes No PROSTHETIC HEART VALVE? 54. Yes No PROSTHETIC HEART VALVE? 55. Yes No ARTIFICIAL JOINT? 15. PATIENT TAKING? 61. Yes No DRUGS, MEDICINES (incl. Aspirin)? 62. Yes No ARE YOU OR COULD YOU BE PREGNANT? 63. Yes No ARE YOU OR COULD YOU BE PREGNANT? 64. Yes No PRESENTLY IN THE MENOPAUSE? 65. Yes No DO YOU HAVE OR HAVE HAD ANY OTHER DISEASES OR MEDICAL PROBLEMS NOT LISTED ON THIS FORM? I have answered every question accurately. I will inform this office of any change in my health.	31.	Yes	No	RHEUMATIC FEVER ?	43.				
36. Yes No STOMACH PROBLEMS, ULCERS? 37. Yes No ALLERGIES: TO DRUGS, FOODS, OR LATEX? 38. Yes No OSTEOPOROSIS? 39. Yes No OSTEOPOROSIS? 39. Yes No NERVOUSNESS OR HYPERACTIVITY? DOES PATIENT HAVE OR EVER EXPERIENCED? 51. Yes No RADIATION TREATMENTS? 52. Yes No RADIATION TREATMENTS? 53. Yes No PROSTHETIC HEART VALVE? 54. Yes No PROSTHETIC HEART VALVE? 55. Yes No ARTIFICIAL JOINT? 15. PATIENT TAKING? 61. Yes No DRUGS, MEDICINES (incl. Aspirin)? 62. Yes No ARE YOU OR COULD YOU BE PREGNANT? 63. Yes No ARE YOU OR COULD YOU BE PREGNANT? 64. Yes No PRESENTLY IN THE MENOPAUSE? 65. Yes No DO YOU HAVE OR HAVE HAD ANY OTHER DISEASES OR MEDICAL PROBLEMS NOT LISTED ON THIS FORM? I have answered every question accurately. I will inform this office of any change in my health.	32.	Yes	No	STROKE, HARDENING OF ARTERIES ?	44.	Yes	No	SKIN DISEASES ?	
36. Yes No STOMACH PROBLEMS, ULCERS? 37. Yes No ALLERGIES: TO DRUGS, FOODS, OR LATEX? 38. Yes No OSTEOPOROSIS? 39. Yes No OSTEOPOROSIS? 39. Yes No NERVOUSNESS OR HYPERACTIVITY? DOES PATIENT HAVE OR EVER EXPERIENCED? 51. Yes No RADIATION TREATMENTS? 52. Yes No RADIATION TREATMENTS? 53. Yes No PROSTHETIC HEART VALVE? 54. Yes No PROSTHETIC HEART VALVE? 55. Yes No ARTIFICIAL JOINT? 15. PATIENT TAKING? 61. Yes No DRUGS, MEDICINES (incl. Aspirin)? 62. Yes No ARE YOU OR COULD YOU BE PREGNANT? 63. Yes No ARE YOU OR COULD YOU BE PREGNANT? 64. Yes No PRESENTLY IN THE MENOPAUSE? 65. Yes No DO YOU HAVE OR HAVE HAD ANY OTHER DISEASES OR MEDICAL PROBLEMS NOT LISTED ON THIS FORM? I have answered every question accurately. I will inform this office of any change in my health.	33.	Yes	No	HIGH BLOOD PRESSURE ?	45.				
36. Yes No STOMACH PROBLEMS, ULCERS? 37. Yes No ALLERGIES: TO DRUGS, FOODS, OR LATEX? 38. Yes No OSTEOPOROSIS? 39. Yes No OSTEOPOROSIS? 39. Yes No NERVOUSNESS OR HYPERACTIVITY? DOES PATIENT HAVE OR EVER EXPERIENCED? 51. Yes No RADIATION TEATMENTS? 52. Yes No RADIATION TEATMENTS? 53. Yes No PROSTHETIC HEART VALVE? 54. Yes No PROSTHETIC HEART VALVE? 55. Yes No ARTIFICIAL JOINT? 15. PATIENT TAKING? 61. Yes No DRUGS, MEDICINES (incl. Aspirin)? 62. Yes No ARE YOU OR COULD YOU BE PREGNANT? 63. Yes No ARE YOU OR COULD YOU BE PREGNANT? 64. Yes No PRESENTLY IN THE MENOPAUSE? 65. Yes No DO YOU HAVE OR HAVE HAD ANY OTHER DISEASES OR MEDICAL PROBLEMS NOT LISTED ON THIS FORM? I have answered every question accurately. I will inform this office of any change in my health.	34.	Yes	No	IB, EMPHYSEMA, OTHER LUNG DISEASES?	46.				
39. Yes No NERVOUSNESS OR HYPERACTIVITY? DOES PATIENT HAVE OR EVER EXPERIENCED? 51. Yes No PSYCHIATRIC CARE? 52. Yes No RADIATION TREATMENTS? 53. Yes No CHEMOTHERAPY? 54. Yes No PROSTHETIC HEART VALVE? 55. Yes No ARTIFICIAL JOINT? 55. Yes No ARTIFICIAL JOINT? 56. Yes No RECREATIONAL DRUGS? 57. Yes No RECREATIONAL DRUGS? 58. Yes No TOBACCO IN ANY FORM? 59. Yes No ALCOHOL? 15 PATIENT TAKING? 60. Yes No TOBACCO IN ANY FORM? 61. Yes No RECREATIONAL DRUGS? 62. Yes No DRUGS, MEDICINES (incl. Aspirin)? 63. Yes No ALCOHOL? 64. Yes No ARE YOU OR COULD YOU BE PREGNANT? 65. Yes No ARE YOU OR COULD YOU BE PREGNANT? 66. Yes No PRESENTLY IN THE MENOPAUSE? 67. Yes No PAST MENOPAUSE? 68. Yes No PAST MENOPAUSE? 69. Yes No DO YOU HAVE OR HAVE HAD ANY OTHER DISEASES OR MEDICAL PROBLEMS NOT LISTED ON THIS FORM? 1 have answered every question accurately. 1 will inform this office of any change in my health.	35.	Yes	No	HEPATITIS, OTHER LIVER DISEASES §	47.				
39. Yes No NERVOUSNESS OR HYPERACTIVITY? DOES PATIENT HAVE OR EVER EXPERIENCED? 51. Yes No PSYCHIATRIC CARE? 52. Yes No RADIATION TREATMENTS? 53. Yes No CHEMOTHERAPY? 54. Yes No PROSTHETIC HEART VALVE? 55. Yes No ARTIFICIAL JOINT? 55. Yes No ARTIFICIAL JOINT? 56. Yes No RECREATIONAL DRUGS? 57. Yes No RECREATIONAL DRUGS? 58. Yes No TOBACCO IN ANY FORM? 59. Yes No ALCOHOL? 15 PATIENT TAKING? 60. Yes No TOBACCO IN ANY FORM? 61. Yes No RECREATIONAL DRUGS? 62. Yes No DRUGS, MEDICINES (incl. Aspirin)? 63. Yes No ALCOHOL? 64. Yes No ARE YOU OR COULD YOU BE PREGNANT? 65. Yes No ARE YOU OR COULD YOU BE PREGNANT? 66. Yes No PRESENTLY IN THE MENOPAUSE? 67. Yes No PAST MENOPAUSE? 68. Yes No PAST MENOPAUSE? 69. Yes No DO YOU HAVE OR HAVE HAD ANY OTHER DISEASES OR MEDICAL PROBLEMS NOT LISTED ON THIS FORM? 1 have answered every question accurately. 1 will inform this office of any change in my health.	30.	res	NO M-	STOMACH PROBLEMS, ULCERS ?	48.	Yes	No	KIDNEY, BLADDER DISEASE ?	
39. Yes No NERVOUSNESS OR HYPERACTIVITY? DOES PATIENT HAVE OR EVER EXPERIENCED? 51. Yes No PSYCHIATRIC CARE? 52. Yes No RADIATION TREATMENTS? 53. Yes No CHEMOTHERAPY? 54. Yes No PROSTHETIC HEART VALVE? 55. Yes No ARTIFICIAL JOINT? 55. Yes No ARTIFICIAL JOINT? 56. Yes No RECREATIONAL DRUGS? 57. Yes No RECREATIONAL DRUGS? 58. Yes No TOBACCO IN ANY FORM? 59. Yes No ALCOHOL? 15 PATIENT TAKING? 60. Yes No TOBACCO IN ANY FORM? 61. Yes No RECREATIONAL DRUGS? 62. Yes No DRUGS, MEDICINES (incl. Aspirin)? 63. Yes No ALCOHOL? 64. Yes No ARE YOU OR COULD YOU BE PREGNANT? 65. Yes No ARE YOU OR COULD YOU BE PREGNANT? 66. Yes No PRESENTLY IN THE MENOPAUSE? 67. Yes No PAST MENOPAUSE? 68. Yes No PAST MENOPAUSE? 69. Yes No DO YOU HAVE OR HAVE HAD ANY OTHER DISEASES OR MEDICAL PROBLEMS NOT LISTED ON THIS FORM? 1 have answered every question accurately. 1 will inform this office of any change in my health.	3/.	1es	No No	ALLERGIES: 10 DRUGS, POUDS, OR LATEX ?	49.				
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