ME:					DA	ATE:
	SWER THE FO	LLOWING Q	UESTIONS ABO	UT Y	OUR	MEDICAL STATUS A
STORY:						
 Have y 	ou ever been tr	eated for any c	hronic medical con	dition	S (diabe	etes, high blood pressure, heart
disease,	heart attack, arthritis,	asthma, emphysema	a, other)? YES NO	If Y	ES, pl	ease explain:
. Have s	vou over had any	, ava disassa (
						ye, retinal detachment, other)?
165	ΝΟ 11 123, μ	iease expiaiii				
3. Have y	ou ever had any	surgery? YE	S NO If YES, p	olease	provi	de date and reason:
4			C NO TEVEC	1		
4. Have y	ou ever been no	ospitalized? YE	S NO IT YES, p	lease	provid	de date and reason:
` `						
5. Are vo	u pregnant? YE					
		-	infectious disease	? YE	S NO)
7. Do you	ı take anv medic	cations? YES	NO If YES, ple	ase lis	st with	dosage:
	,		, г		,	
	i de la companya de l	ORUG OR OTH	ER ALLERGIES?	YE	S NO	O If YES, please list:
REVIEW Have you	OF SYSTEMS had or currently	have any of th	ne following proble	ms:	•	If YES, please explair
REVIEW Have you Chronic fe	OF SYSTEMS had or currently	have any of the dweight loss/g	ne following proble	ms: Y	•	If YES, please explair
REVIEW Have you Chronic fe Ear/nose/	OF SYSTEMS had or currently evers, unexpecte throat problems	have any of the dweight loss/g	ne following proble gain, fatigue: problems, sore throat):	ms: Y Y	N	If YES, please explain
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