New Patient Information	etin e	and the second s
Date:		

intersects award and graphland plate	or interest the interest of research of research). An	September and Company of the Company
Last name Set 2 Set 10	First name	Middle initial
1000x //////	0005000	onless AAAA
Shipping Address	City State	Zip code
terouni vios) () Sallutina mile/	netusians.
Billing Address (if different)	City State	Zip code
inus Infection I Indontiner	co . Suitelda Astemb	Ra -
Email address	Preferred phone	Home/Cell

ius .	1.		Single Married Widowed Divorced Partnered
Date of birth	Age	Sex	Marital Status (circle)
*	17		TAY.
Your Occupation	20	CULTURE SUPP	Employed by
Tyocardial MREME	Mail 11/4/2/ 74	ales propilingano	Latter a security of the first of the security
	or Parent/ G	vardian	Spouse or Parent/ Guardian Occupation
Name of Spouse			
Name of Spouse	Selz		

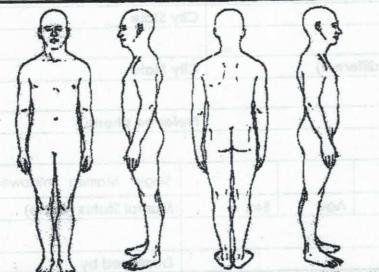
Physician/ Specific type	Name	Phone
Primary Care Physician (PCP)	ernation Service Regular Vas/No. Cups per	The year order on
Exeguity/Closting Exerted	Yes/No. Peckl per day/week	-Trajomic suny 60
	A STANCE OF THE	the debte on Letter
Many area	Stanka	The state of the s
Taxor -	for reasons that are not medical. Yes/Yo	Eguric seu usy biu
He Specify Types of Cancer:		tall aventh and it

Height: _____ Feet ____Inches
Weight: ____ Lbs.

PAIN DRAWING

Using the descriptive symbols, draw the location of your pain on the body outlines below.

Achie Burning Numbriess Pins & Needles Stabbing Other



NO PAIN / Please make a slash through this line as to the level of your pain / WORST POSSIBLE PAIN

Social History

Please circle and answer

Do you Drink Caf	feinated bev	erages? Yes/No Cups pe	r day	Pimary Care L
Do you Smoke?	Yes/No.	Packs per day/week	How long?	
Do you drink Alc	ohol? Yes/No	Drinks a day/week		*.
Do you use drug	s for reasons	that are not medical. Yes/N	0	
If yes please list_				

PAST MEDICAL HISTORY

Please Circle

Head Trauma	Cirrhosis	Seizures InningA
Blindness	GERD APPROVAL APPR	Migraines
Cataracts	Gallbladder Disease	Stroke/TIA
Glaucoma	Hepatitis	Bipolar Disorder
Wears Glasses/Contacts	Hiatal Hernia	Depression
Hearing Aids	Ulcer MEA.A.	Hallucinations/Delusions
Allergic Rhinitis	Hernia	Suicidal Ideation
Sinus Infection	Incontinence	Suicidal Attempts
Aneurysm	Other Kidney Disease	Hyperlipidemia
Angina	UTI(s)	Hyperthyroidism/Hypothyroidism
DVT	Arthritis	Type I Diabetes
HTN	Gout	Type II Diabetes
Heart Murmur	Muscular Injury	Anemia
Myocardial Infarction	Skeletal Injury	Cancer, 12 11 10
Other Heart Disease	Psoriasis	HIV notati langa
Chronic Fatigue	Seizures	and the second second second
		onsbA\ymq\qqqqq

FAMILY HISTORY

Relation	Condition	Relation	Condition	
The second of the second of the	Arthritis		Heart Disease	, ,
	Asthma		High Cholesterol	
	Bleeding/Clotting Disorder		Hypertension	Sall in easy
	COPD		Mental Illness	
-	Diabetes		Osteoporosis	
	Heart Attack		Stroke	
Total Action Control	Cancer			

Please Specify Types of Cancer:

Surgery History

Date	Procedure					
	Aneurysm Repair					
	Appendectomy	i - Emunit bi				
	Back Surgery					
	Bariatric Surgery/Gastric Bypass					
	Bilateral Tubal Ligation persel Chebbeld (Inc.)	etres :				
	Breast Reduction/Mastectomy					
- CV	CABG	MI (NAME)				
	Carotid (page 1957)	ars Glasses/Contacts				
	Carpal Tunnel Release Surgery	EJSRATIN ACRESIONS 616:				
Lnoi	Cataract/Lens Surgery/LASIK	Z01A.9000				
	C-Section					
	Cholecystectomy/Bile Duct Surgery	AUROUR NUME				
	Hip Arthroplasty	us intaction				
	Hip Replacement					
	Hysterectomy	The state of the s				
pothyroids	Inguinal Hernia Repair	LINE AND A				
	Knee Arthroplasty					
	Nasal Surgery					
	Pacemaker/Defibrillator					
	Prostate Surgery					
	Rotator Cuff Surgery					
	Sinus Surgery Communication Co	rocerdal Infanction				
	Skin Cancer Excision					
	Spinal Fusion	Newscill a South for				
	TURP	conic Estima				
	Tonsillectomy/Adenoidectomy	The state of the s				
	Vasectomy					

	Vasectomy			
Comments:		*	2 L 2 R 2 W	
		13821862	PERMIT	
	Condition	er to last	not thee	coltales
	and and mark		3.1410-00119	4 1000 kg (8)
	Satisfact date		smits	4.
	animotion H		Jebaziii seltto! Nuclesuli	
	Aspenti Jermana		CRO	
	Elsorogostre ()		Nabetes	
	Stroles		leart Attack	
***			190/15	F
				Carlo Resource De Carlos

Review of Symptoms

For what madical condition I	Please circle an	y you have had i	n the past year	
this medication propriibed?				estonic sellis despes
				oinwaem, etc.
Headache	Service Committee Committe	Samit	vollen Glands	
neauache	1.4	31	wollen Glands	
Blurred Vision		Sı	wollen Joints	
Hearing Loss		R	ash	
Nosebleeds		St	tress	
Chest Pain		N	luscle Cramps	
Shortness of Breath		N	umbness/Ting	gling
Frequent Cough		V	/heezing	
Dizziness		С	oughing up Bl	ood
Fainting		N	eck Pain	
Vomiting		В	ack Pain	
Constipation		LAllere	oint Pain (Plea	se List)
Diarrhea				you have an allergy to
Indigestion	ney bit not			
Blood in Stool				
Abdomen Pain				
Fatigue				
Weight Gain/Loss				
Dalaitations				

Palpitations

Loss of Appetite

Urine Infection

Blood in Urine

Other Urine Issues

Medication

Name of Medication. Indicate if pills, drops ointment, etc.	Dose each time i.e., mg., drops, tsp., etc.	How many do you take at a time?	How often do you take this medication?	For what medical condition in this medication prescribed?
	apasie pellov	VC .		grionbesi'i
	-distribution	2		esa Ferima G
	. FIG.	4		· Janua Martina (A
	(191	12		
	ZQTORU SISTEU	151		
300	reni Tveza nitro	IA .	· ·	Habite In Current
	heexing	W		Lifequent Coagu
bo bo	old qu gningur	4		Distinges
	ock Pain	49		Palning

Allergies

Do	you	have	an	allergy to S	Sulfa?	Yes	No
----	-----	------	----	--------------	--------	-----	----

Medication or substance that caused this allergic reaction	What kind of reaction did you experience?	When did this reaction first occur?
		Abdomen Pain
	ъ.	Parigue
* · ·		Walght Gain/Loss