				$\subset$							-
PATIENT QUESTIO	NNAIF	RE						DATE			7
									OF BIRT	Н	T A NIMA
OCCUPATION/ EMPLOYER					A			HIGHEST OF EDUC	LEVEL		Northeast Internal Medicine Associate
PAST MEDICAL	PLFAS	SE CHE	CK IF	YOU (S	SELF) OR ANY B	LOOD	794.	OF EDUC			
FAMILY HISTORY	RELAT	TIVE HA	AD ANY	OF T	HE FOLLOWING	CONDI			PLE	ASE USE THIS AREA FOI	REXPLANATION
*	SELF	RELA	TION			SELF	RELATIO	N			
1) RECENT WEIGHT LOSS			<b>#</b> 200	17) KIDN	EY/BLADDER PROB.	_		ᆛЬ			
2) MIGRAINE HEADACHES	_		_	18) NEU	ROLOGICAL			ᆛ上			
3) EPILEPSY/CONVULSIONS			$\overline{}$	19) ARTH	HRITIS	—		⊣⊩			
4) EYE DISEASE (OTHER THAN GLASSES)				20) OST	EOPOROSIS	_		ᆚ上			
5) HEARING DISORDER				21) CAN	CER - TYPE:			$\sqcup L$			
6) RECURRENT - NOSE BLEEDS			-					⊒L			
SINUS/THROAT INFECT(S)				22) BLE	EDING DISORDER						
7) ANGINA - CHEST PAIN				23) BLO	OD TRANSFUSION(S)						
8) HEART ATTACK				24) ANE	MIA			$\neg \Gamma$			
9) HIGH BLOOD PRESSURE				25) DIA	BETES			$\neg$ $\vdash$			
10) STROKE				26) THY	ROID			٦ŀ		HAAL V	
11) HIGH CHOLESTEROL			$\neg$	27) ALC	OHOL OR DRUG ABUSE			٦ŀ			
12) HEART VALVE DISORDER			$\neg$	28) MEN	TALILLNESS	_	1	٦ŀ			
13) LUNG DISEASE	<b> </b>		$\neg$		RESSION	+		┪┞			
14) STOMACHULCER	+		$\neg$		RIASIS/ECZEMA	+-	<del></del>	⊣⊦			
15) BOWEL PROBLEMS	-		$\dashv$	31) HAIF	O DDOCDECCIVE	+-	<del> </del>	$\dashv$			
16) LIVER DISEASE/HEPATITIS	+		$\rightarrow$		IDENT - MAJOR	+-					
3.00				32) ACC	IDENTIMATOR		MY				
HOSPITALIZATIONS					N HOSPITAL OVE	RNIGHT	1950-1970-1970	E YEAR	- ILLNES	S/OPERATION PLEASE START	CLUDE NORMAL PREGNANCIES.  WITH THE MOST RECENT EVENT)
YEAR		ILLNES	SS/OPE	RATIO	N		YEAR			ILLNESS/OPERATIO	N
LIST ALL MEDIC	ATIONS	YOU	TAKE	200	DI	RUG A	LLERGIE	3	25(0)	DO YOU NOW OR HAVE Y	OU EVER CONSUMED -
MEDICATION	-	DOSE TIM		DAY	DRUG		REA		THE REAL PROPERTY.		YN PKG/DAY # YRS
103.1 d As the production of the processor				$\neg$			+	1011011	$\dashv$	The second secon	WARRING POPPARA - 297 POWD
				$\dashv$			+		-	The second secon	RINKS/WK
				$\dashv$	-		+		-	Note that the second of the se	:UPS/DAY
	-			-	<u></u>		+		-	STREET DRUGS YN	
	-		_	$\dashv$						TYPE:	
				$\dashv$	DO YOU HAVE ANY OT SEEING A DOCTOR O	HER PROE	BLEMS FOR WH	CH YOU HA	AVE BEEN	THE LAST TIME YO	U HAD A - (YEAR)
7-4 24			-	-						FLU VACCINE	TETANUS SHOT
				-					$\neg \neg$		PNEUMONIA SHOT
	$\rightarrow$			_						T.B. TEST	RECTAL EXAM
				_					$\neg$	STOOL BLOOD TEST	
20-100				_			-		$\neg$	SIGMOIDOSCOPY/COLONOSCO CHOLESTEROL TEST (RI	
				_					William Co.	T WAS AN	
				_		FOR M	IEN ONLY			FOR WOM	
					THE LA	ST TIME	YOU HAD (	(EAR)		DATE OF LAST MENST PER ARE YOU USING BIRTH CO	
					PROSTATE EXAM	и <u></u>			- 1	TYPE:	
				$\neg$	PSA - RESULT				- 1	NUMBER OF PREGNANCIE NUMBER OF BIRTHS	s
				$\neg$	T OA T NEGOE!	27 187			- 1	NUMBER OF ABORTIONS	
				$\neg$	1					NUMBER OF MISCARRIAGE YEAR OF LAST -	-5
				$\neg$	1				- 1	PAP TEST	NORMAL DABN
				$\dashv$					- 1	BREAST EXAM	N 197 (N