



# Patient Health Questionnaire - page 2

American Chiropractic Network

ACN Use Only rev 4/23/99

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

What type of regular exercise do you perform?      ① None      ② Light      ③ Moderate      ④ Strenuous

What is your height and weight?      Height 

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      Weight 

--	--	--

 lbs.  
Feet      Inches

For each of the conditions listed below, place a check in the Past column if you have had the condition in the past. If you presently have a condition listed below, place a check in the Present column.

- |  |                               |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
|--|-------------------------------|-------------------------------|---------------------------------|-----------------------|---------------------------------|-----------------------|---------------------------------------|-----------------------|-------------------------------------|-----------------------|-------------------------------------|-----------------------|------|--|-------------------------------------|-----------------------|--|-----------------------|----------------------------------|-----------------------|---------------------------------|-----------------------|------|--|--|-----------------------|---|-----------------------|---------------------------------------|-----------------------|------|--|--------------------------------|-----------------------|------|--|--|-----------------------|---------------------------------|-----------------------|--|-----------------------|------|--|---------------------------------------|-----------------------|---|-----------------------|---|-----------------------|---------------------------------|-----------------------|--|----------------------------|-------------------------------|---|-----------------------|------------------------------------|-----------------------|-----------------------------------|-----------------------|------------------------------|-----------------------|------------------------------|-----------------------|------|--|-------------------------------------|-----------------------|--|-----------------------|---|-----------------------|---|-----------------------|---|-----------------------|---|-----------------------|------|--|---|-----------------------|--|-----------------------|--------------------------------------|-----------------------|-----------------------------|-----------------------|---------------------------------|-----------------------|---|-----------------------|------|--|------------------------------|-----------------------|-----------------------------|-----------------------|------------------------------|-----------------------|---|-----------------------|---|----------------------------|-------------------------------|--------------------------------|-----------------------|--|-----------------------|--|-----------------------|------|--|--|-----------------------|---|-----------------------|------|--|---------------------------------|-----------------------|----------------------------------|-----------------------|--------------------------------------|-----------------------|--------------------------------|-----------------------|--|-----------------------|--------------------------------|-----------------------|------|--|---------------------|--|---|-----------------------|--|-----------------------|---------------------------------|-----------------------|-----------------------|-----------------------|------|--|-------------------------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <table border="0" style="width: 100%;"> <tr><td style="width: 50%;"><input type="radio"/> Past</td><td style="width: 50%;"><input type="radio"/> Present</td></tr> <tr><td><input type="radio"/> Headaches</td><td><input type="radio"/></td></tr> <tr><td><input type="radio"/> Neck Pain</td><td><input type="radio"/></td></tr> <tr><td><input type="radio"/> Upper Back Pain</td><td><input type="radio"/></td></tr> <tr><td><input type="radio"/> Mid Back Pain</td><td><input type="radio"/></td></tr> <tr><td><input type="radio"/> Low Back Pain</td><td><input type="radio"/></td></tr> <tr><td><br/></td><td></td></tr> <tr><td><input type="radio"/> Shoulder Pain</td><td><input type="radio"/></td></tr> <tr><td><input type="radio"/> Elbow/Upper Arm Pain</td><td><input type="radio"/></td></tr> <tr><td><input type="radio"/> Wrist Pain</td><td><input type="radio"/></td></tr> <tr><td><input type="radio"/> Hand Pain</td><td><input type="radio"/></td></tr> <tr><td><br/></td><td></td></tr> <tr><td><input 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| <input type="radio"/> Headaches  | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Neck Pain  | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Upper Back Pain  | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Mid Back Pain  | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Low Back Pain  | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <br>   |                               |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Shoulder Pain  | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Elbow/Upper Arm Pain   | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Wrist Pain   | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Hand Pain  | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <br>   |                               |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Hip/Upper Leg Pain   | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Knee/Lower Leg Pain  | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Ankle/Foot Pain  | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <br>   |                               |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Jaw Pain   | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <br>   |                               |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Joint Swelling/Stiffness   | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Arthritis  | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Rheumatoid Arthritis   | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <br>   |                               |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> General Fatigue  | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Muscular Incoordination  | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Visual Disturbances  | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Dizziness  | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Past   | <input type="radio"/> Present |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> High Blood Pressure  | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Heart Attack   | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Chest Pains  | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Stroke   | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Angina   | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <br>   |                               |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Kidney Stones  | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Kidney Disorders   | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Bladder Infection  | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Painful Urination  | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Loss of Bladder Control  | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Prostate Problems  | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <br>   |                               |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Abnormal Weight Gain/Loss  | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Loss of Appetite   | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Abdominal Pain   | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Ulcer  | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Hepatitis  | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Liver/Gall Bladder Disorder  | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <br>   |                               |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Cancer   | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Tumor  | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Asthma   | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Chronic Sinusitis  | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Past   | <input type="radio"/> Present |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Diabetes   | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Excessive Thirst   | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Frequent Urination   | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <br>   |                               |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Smoking/Use Tobacco Products   | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Drug/Alcohol Dependence  | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <br>   |                               |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Allergies  | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Depression   | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Systemic Lupus   | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Epilepsy   | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Dermatitis/Eczema/Rash   | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> HIV/AIDS   | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <br>   |                               |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <b>Females Only</b>  |                               |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Birth Control Pills  | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Hormonal Replacement   | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Pregnancy  | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/>  | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <br>   |                               |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <b>Other Health Problems/Issues</b>  |                               |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/>  | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/>  | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/>  | <input type="radio"/>         |                               |                                 |                       |                                 |                       |                                       |                       |                                     |                       |                                     |                       |      |  |                                     |                       |  |                       |                                  |                       |                                 |                       |      |  |  |                       |   |                       |                                       |                       |      |  |                                |                       |      |  |  |                       |                                 |                       |  |                       |      |  |                                       |                       |   |                       |   |                       |                                 |                       |  |                            |                               |   |                       |                                    |                       |                                   |                       |                              |                       |                              |                       |      |  |                                     |                       |  |                       |   |                       |   |                       |   |                       |   |                       |      |  |   |                       |  |                       |                                      |                       |                             |                       |                                 |                       |   |                       |      |  |                              |                       |                             |                       |                              |                       |   |                       |   |                            |                               |                                |                       |  |                       |  |                       |      |  |  |                       |   |                       |      |  |                                 |                       |                                  |                       |                                      |                       |                                |                       |  |                       |                                |                       |      |  |                     |  |   |                       |  |                       |                                 |                       |                       |                       |      |  |                                     |  |                       |                       |                       |                       |                       |                       |

Indicate if an immediate family member has had any of the following:  
 Rheumatoid Arthritis     Heart Problems     Diabetes     Cancer     Lupus     \_\_\_\_\_

List all prescription and over-the-counter medications, and nutritional/herbal supplements you are taking:  
\_\_\_\_\_  
\_\_\_\_\_

List all the surgical procedures you have had and times you have been hospitalized:  
\_\_\_\_\_  
\_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor's Additional Comments  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctors Signature \_\_\_\_\_ Date \_\_\_\_\_