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Patient's Name											Bi	rth Date		_Sex_		S. M.	LTP.	WF
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Matter Co.			⊔РРО	Copay \$ Re				Hete					Occupation					
Mail Claim To			1413 x 12		016							Policy	No					
Instructions: F	Put 🔟 In Ti	hose E	Boxes Applicabl	е То	You A	and In	The "Y	es" O	r "No"	Spac	e. If	Lines Are Provide	d Write	In Your	Answer.		4000	Line
			1217107		Br	other		iistoi		ster					Chil	dren		
	Father		Mother	1	2	3	4	1	2	3	T	Spouse/ Partner	1	2	T 3		E	L
Age (if Living)											T					4	5	6
Health (G) Good (B) Bad																		
Cancer			ALCO DE LA COMP									and a second second	49-15-73-1		The state			of the same
Tuberculosis  Diabetes											-		-		-			That Car
Heart Trouble	er anne en en			BER							-							- mag
High Blood Pressure			COST HER			eo.					+							
Stroke	9000			100	4,54	Direction of					+							
Epilepsy				Sole	VISI						+			-				
Nervous Breakdown					egiil-1	200					+	- CMP to see all the	- tues		-		Charles	
Asthma, Hives, Hay Fever			2(0.052)		en an	FT.					+							
Blood Disease				4.00	544						T	Betaga (C)		13.1	80.00			
Age (At Death)			ACES DE LA	1.00	£/1/2	JAL			1		T							regV
Cause Of Death						isos i							6,8 123	eW.	201			ченый
Have You Ever Had	No	Yes	Have You I	Evor	Had	Pers	onal	Histo	MARKET MARKET	la M		II. V. E						
☐ Scarlet Fever	140	100	Jaundice	_vei	Hau	• • •			+	lo Y	es	Have You Ever					No	Yes
Diphtheria	- 19		Epilepsy		(0)	Ten Tile	1		+	+	-	Broken Bones		ked Bor	ies			Elle.
Smallpox			Migraine Hea	adach	100				+		1	Recurrent Disloca		al lastron				2.5
Pneumonia			Tuberculosis		100					+		Ever Been Knock	Head					
Pleurisy			Diabetes				T		1			Food				Poisonine		
☐ Rheumatic Fever ☐ Heart Disease			Cancer				7					☐ Food ☐ Chemical ☐ Drug Poisoning ☐ Explain						
☐ Arthritis ☐ Rheumatism			Colonoscopy	/ Sig	moide	oscopy	,		+			Latex Sensitivity					+	
☐ Bone Disease ☐ Joint Disease			□High		ow Bl	ood Pr	essure	9	1			Chronic Fatigue Syndrome						-
☐ Neuritis ☐ Neuralgia			Nervous Brea	akdov	vn	of three life	7					Any Other Disease						
☐ Bursitis ☐ Sciatica ☐ Lumbago			☐ Hay Fever	□A	sthma	a						Explain		15.00				
Polio Meningitis			☐ Hives		czem	ia	1	T										
☐ Gonorrhea ☐ Syphilis ☐ HIV			Frequent	□Colds □Sore Throat			at			Weight: Now One Yr. Ago								
Anemia		1	Frequent	□ln	fectio		Boils					Maximu	ım	When				-
Are You Allergic To	No	Yes	Are You All	eraio	То		llerg	es	N	lo Y	20	Are You Allergi	2 To				NI	No.
☐ Penicillin ☐ Sulfa Drugs			Any Other Dr								00	Any Foods	5 10	•			No	Yes
☐ Aspirin ☐ Codeine ☐ Morphine			Explain	12	10 13	TALL !	1	I				Explain				5 jû 45		
☐ Mycins ☐ Other Antibiotics			Iodine Or Ra	diolog	gic Dy	re e		i.	-				U. 5.30	101011				
☐ Tetanus ☐ Antitoxin ☐ Serums			Adhesive Tap	ре								□ Nail Polish □	Other C	osmetic	S	Supplemental Suppl	1000	
Have You Had Removed	No	Yes	Have You F	lad E	20ma	S	Surge	ry	N									
Tonsils	140	103	Ovary 0			oveu.	• •		N	o Ye	es	Have You Had Hernia Repa	irod				No	Yes
Appendix			Hemorrhoids						+		1	Had Any Other O		•				
Gall Bladder			Ever Have A	Trans	fusion	n	T. T.		+		+	Been Hospitalized						
Uterus	sam H HS/V		□Blood □F	Plasm	a	5 .7					1	Explain	a i oi Aii	ly IIII1658	)			
Ever Have V rove Of		M				}	X-Ray	s										Day.
Ever Have X-rays Of Chest	No	Yes	Date							Di	sea	ise Present						
□Stomach □Colon					14,00	2 1910												
Gall Bladder																		
Extremities			Excess and a new						1									
Back																		
Mammogram						And I												
Sigmoidoscopy / Barium Enema						raida :			1		-		i					5000
Other					Reco	22												
lietacounte Form #40F 000 04F 5000		SER CANTO	CHARLES CONTRACTOR OF THE CONT					The second second			-							400000000000000000000000000000000000000

Do You Now Have Or	Have You Ever Had	Re No		Of Systems						
☐ Eye Disease ☐ Eye I		INO	Yes	The real few flave of flave fou Evel F	lad			No	Ye	
	njury Impaired Hearing			Kidney Disease Stones					9 9 A	
	e □Sinuses □Mouth □Throat			Bladder Disease						
Fainting Spells	Policy No.			Blood In Urine  □ Protein □ Sugar □ Pus □ Other					E GUE	
Convulsions	White the state of			Other	In Urine			11181	E HE	
Paralysis				Difficulty In Urination	<u> </u>	GREATS				
Dizziness				Narrowed Urinary Stream Abnormal Thirst						
Headaches:	ent Severe			Prostate Trouble						
Enlarged Glands		1 1		По						
Thyroid: ☐Overage	ctive Underactive Enlarged			☐ Stomach Trouble ☐ Ulcer  Indigestion		2000	119			
Enlarged Goiter					19100					
Skin Disease										
Cough:				Appendicitis  ☐ Liver Disease ☐ Gall Bladder Di						
☐ Chest Pain ☐ Angina Pectoris				Gail Bladdel Di	sease					
Spitting Up Blood			-	Colitis Other Bowel Disease						
Night Sweats				Hemorrhoids Rectal Bleeding						
Shortness Of Breath	☐ Exertion ☐ At Night			Black Tarry Stools						
☐ Palpitation ☐ Flutter			☐ Constipation ☐ Diarrhea							
Swelling Of  Hands				☐ Parasites ☐ Worms						
Varicose Veins				□ Any Change In Appetite □ Eating Habits						
Extreme  Tiredne	ess			☐ Any Change In Bowel Action ☐ Stools						
		lmm	nuniz	Explain ation - EKG			- iii	101	200	
Have You Had				Have You Had				No		
Smallpox Vaccination (Wit				Polio Shots (Within Last 2 Years)				NO	Yes	
Tetanus Shot (Not Antitoxi	n)			An Electrocardiogram When	9	to contract	175		100	
Hepatitis Vaccination										
Do You			Yes	Do You Use						
Exercise Adequately		NO	103	Laxatives	Never	Occ.	Freq.	D	Daily	
How?	24 Table 1			Vitamins				198	En pro	
Awaken Rested	gle some Semanal			Sedatives	58,990		7999-15	1	MARIE .	
Sleep Well	History and suggest the state of the					afficiant,	MALE.		DAT.	
Average 8 Hours Sleep (Po	er Night)			Tranquilizers	BERRY	LUBRIOLE 3	1000			
Have Regular Bowel Move						2011	I DE LA	and the		
Sex - Entirely Satisfactory				Sleeping Pills						
_ike Your Work ( Hours				Aspirins	dpade		soars -	Billion		
ine rour work ( Hours	Per Day) □Indoors □Outdoors		eres.	Aspirins Cortisone	10,000	uill si				
	Per Day) □Indoors □Outdoors rs Per Day)		61 A	Aspirins Cortisone Alcoholic Beverages	Opinion in the second	140 cm		etha Cal		
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