How were you referred to our offic ☐ Friend ☐ Yellow Pages ☐ Dester			Date Completed:									
Doctor Other												
Physician S	Story, 114.		NEC	OL OCV IN	TTAT	ZE IIIC	FODV					
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		State, Zip:										
Home Telephone:												
Employer	:				Ins	surance: _						
Social Sec	curity Number	:		,				,				
Alleigies.							cian:					
		FAM	ILY A	ND PERSO	NAL	PAST HI	STORY					
	OR ILLNESS	Personal	Relat	tive (specify)	No		AJOR ILLNESS		onal	No		
A STATE OF THE PARTY OF THE PAR	ronic Lung Disease			9 1		Sexually Transmitted Infection		ction				
	ections/Stones						HIV					
Cancer: Ovarian						Ulcers			-			
Colon			Per		0_	Depression Anemia/I			-			
Uterine			1 2 1					-	-			
Breast Other:			F-1		priority.	Seizures/ Bowel tro	psy	-				
Heart trouble/murmur						Asthma			1.			
Diabetes			V - D -		3	Pneumon			1			
High blood pressure			1		1	Arthritis			1			
Stroke						Bone fracture						
Osteoporosis						Hepatitis			,			
Thyroid disc			1779		3	Other:						
Discription for Names Vent Constigues	TESTINAL				luding	; miscarri	ages, ectopics,		C.L.TTO:	NG		
DATE	TYPE OF	DELIVERY		OCATION/MD	W	/EIGHT	NAME	COMPLI	CATIO	1/12		
Charle can	h with or surbant	or or or			1		-	172				
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SURGERY OR REASON FOR ADMISSI				DATE	SUK	JEKI OK.	KEASON FOR A	DMISSION	DA	IE .		
E THE STREET		· · ·			13	-			-			
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			(Ple	ase write in a	proxi	mate date	(a) variation (a)					

____TB Skin Test ____

Tetanus_____Pneumonia____Flu Shot____

REVIEW OF SYSTEMS

	Please no	ote only for si	ignificant or ab	onormal symptoms)				
SYMPTOM	1	Current	Past	NOTES				
CONSTITUTIONAL								
Weight Change	Family season hard brighted better the second							
Fever								
EYES	and Administration							
Spots before eyes								
Vision changes	K VISKISHIO	A 0 0/1	□ 3/3/	R OK KELSON FOR AT MASSION DATE				
ENT/MOUTH		NAME OF THE OWN	AND CASE & BOLD	NEW ATTROOP				
Ear aches	8.3791		HOSPINE	A. I.				
Ringing in ears				The second secon				
Sinus Problems								
CARDIOVASCULAR/RESPIRAT	ORY							
Chest pain								
Painful or difficult breathing			.0					
Chronic cough with or without bloc	od							
Swelling of legs	. *							
Palpitations	TABLE .	T-CVID	MANUEL P MALE	DE L'ANNE L'EDALLINA BOME				
GASTROINTESTINAL		In a Francisco	e i con especialista	property of the Property of th				
Diarrhea, frequent	e indicate at	<u> </u>		and the state of t				
Nausea/Vomiting			AL HILLON					
Constipation								
Bloody Stool				5 🗝				
GENITOURINARY				ka bisak				
Abnormal urination				Partie (Rec _{ue} co				
Blood in urine				240002				
Abnormal periods								
Painful intercourse				72 (18 1 1 1 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1				
Abnormal vaginal discharge								
Vaginal or vulvar pain				R submedia				
MUSCULOSKELETAL				ge Nasies of attitude outsides of				
Weakness				A CODE MOST STORE FORS				
Joint pain				rwbiez-warzoni)				
SKIN/BREAST				7 1 2 1 5				
Discharge or mass in breast								
Pain in breast								
Rash or skin abnormalities				Seamed Transmitted Interno.				
OTHER	Presental.	Rall D		MADRITANESS FROM TO				
	1770	A falls bi	BZOKYT 6	AST RESTORY				
Valuations.	CU	RRENT ME	DICATIONS	AND DOSES				
rylauga) brants:			garda r vi	311183				
Seem Seemey Pumper								
Compression of the state of the			Trips:	19966				
SOCIAL HISTORY								
Smoking	☐ No		r day Years of smoking					
Alcohol		☐ No		Drinks per week				
Drug Use		☐ No		Type				
Seat Belt Use		□ No	-JP					
Regular Exercise Ye		☐ No	Per week	Per week of aerobic Other exercise				
Victim of Abuse	☐ Yes	□ No		hysical, emotional				
		ECOLOC	and the same of the same of the	E ATZ LORA				
Physician Signature			Date Reviewed					
Physician Signature			1	Date Reviewed				
Physician Signature				Date Reviewed				