HEALTH ASSESSMENT

												U	ate:			
Patient's Name:									Male	☐ Fer	nale	Date Of Birth:				
	oation:						_ _		Hei		١٨					
		sision/Nomes								1101	giit.		٧,	/eight:		
Perso	nai Pnys	sician/Name:														
		Address:														
	Cit	ty/State/Zip:														
Date	of last pl	hysical examinat	ion:													
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CE	UED AL	SYMPTOMS	COIUITIII	MI	r to help us understand your current health pro											
		STWIPTOWS	V		SCLE	JUIN				J-IIN II EX	IINAL	V.			K-NOSE-THRO	AI
Yes	No		Yes	No				Yes	No			Υe	es	No		
		Headache			Weak					Poor Appetite					Blurry Vision	
		Fever			Twitc	hing				Indige				Sore Throat		
		Chills			Stiff I	Stiff Neck				Nause				Stuffy Nose		
		Dizzy			Tremo	Tremors				Vomiti				Hard of Hearing	1	
	Tired			Swelling					Consti	Ot	Other:					
				Cwennig					Diarrh	•	- 0.	- Curon				
Other: Other:									Dry Mouth							
											louth					
								Other	:							
											CHILD UNDER 16					
	CARI	DIO-RESPIRAT	TORY				FOR WOM	EN ON	LY		С	heck if	imr	muniza	ations are curre	ent
Yes	No				Yes						Yes	No				
		Chest Pain				Excessive Flow							Wŀ	nooping	g Cough	
		Rapid Heart Beat					Irregular								a/Polio/Tetanus	
		Shortness of Breath				Cramps					1		Measles (Rubeola)			
						Are you pregn					1		` ,			
	Coughing				1			regnan	egnant?			1	German Measles			
011	Difficulty Breathing				Due Date: Date of last period:						1		Rubella			
Other	:				Date	or last	perioa:				1		Mumps			
													_			
		ENITO-URINAF	RY				NEUROL	OGICA	L				CUI	RREN	T HABITS	
Yes	G l No				Yes	No	NEUROL	OGICA	L		Yes	No	CUI	RREN	T HABITS	
Yes		ENITO-URINAR			Yes	No	NEUROLO Seizures/c				Yes			RRENT		
Yes					Yes	No		onvulsi	ons				Sm	noke to		
Yes		Frequent Urina Burning Pain			Yes	No	Seizures/c	onvulsi for seiz	ons			No	Sm ich d	noke to		
Yes		Frequent Urina Burning Pain Bed Wetting	ation		Yes	No	Seizures/c Treatment Weakness	convulsi for seiz of arm	ons		If yes,	No how mu	Sm ich d	noke to daily: cohol		
Yes		Frequent Urina Burning Pain Bed Wetting Difficulty starti	ation ng or		Yes	No	Seizures/c Treatment Weakness or legs	convulsi for seiz of arm	ons		If yes,	No	Smuch of Alco	noke to daily: cohol daily:		
Yes		Frequent Urina Burning Pain Bed Wetting Difficulty startil Stopping urina	ng or		Yes	No	Seizures/c Treatment Weakness or legs Paralysis	convulsi for seiz of arm	ons		If yes,	how mu	Sm Ich d Alc Ich d	noke to daily: cohol daily: ffee		
Yes		Frequent Urina Burning Pain Bed Wetting Difficulty startil Stopping urina Sexually Trans	ng or		Yes	No	Seizures/c Treatment Weakness or legs	convulsi for seiz of arm	ons		If yes,	No how mu	Sm Ich d Alc Ich d	noke to daily: cohol daily: ffee		
Yes		Frequent Urina Burning Pain Bed Wetting Difficulty starti Stopping urina Sexually Trans Disease/s	ng or tion smitted		Yes	No	Seizures/c Treatment Weakness or legs Paralysis	convulsi for seiz of arm	ons		If yes,	how mu	Sm Ich d Ald Ich d Co uch	noke to daily: cohol daily: ffee daily:	bacco	
Yes		Frequent Urina Burning Pain Bed Wetting Difficulty starti Stopping urina Sexually Trans Disease/s Losing urine w	ng or tion smitted		Yes	No	Seizures/c Treatment Weakness or legs Paralysis	convulsi for seiz of arm	ons		If yes,	how mu	Sm Ich (Alc Ich (Co Uch	noke to daily: cohol daily: ffee daily: ercise		
	No	Frequent Urina Burning Pain Bed Wetting Difficulty starti Stopping urina Sexually Trans Disease/s	ng or tion smitted				Seizures/c Treatment Weakness or legs Paralysis	convulsi for seiz of arm	ons		If yes, If yes, If yes,	how muhow mu	Sm Ich o Ich o Co Uch Exe	noke to daily: cohol daily: ffee daily: ercise	bacco	
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Other	No .	Frequent Urina Burning Pain Bed Wetting Difficulty startii Stopping urina Sexually Trans Disease/s Losing urine w coughing/lat	ng or tion smitted when	NIS2			Seizures/c Treatment Weakness or legs Paralysis Numbness	convulsi for seiz of arm s	ons zures s		If yes, If yes, If yes,	how mu how mu how mu , how mi	Sm Ich o Ich o Co Uch Exc ep n	noke to daily: cohol daily: ffee daily: ercise	regularly	
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Other	No .	Frequent Urina Burning Pain Bed Wetting Difficulty starti Stopping urina Sexually Trans Disease/s Losing urine w coughing/lat	ng or tion smitted when	NS?			Seizures/c Treatment Weakness or legs Paralysis Numbness	convulsi for seiz s of arm s	ons zures s		If yes, If yes, If yes, # Hour # Mea	how mu how mu how mu , how mi	Sm Ich o Ich o Co Uch Exc ep n	noke to daily: cohol daily: ffee daily: ercise	regularly	
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