ALLERGY DATA BASE & HEALTH HISTORY

Please complete the following questionnaire legibly and COMPLETELY. This form will become the beginning of your chart, and will help the doctor to determine the cause of your problems. ALL ITEMS MUST BE COMPLETED. Patient's Name: Date this form completed: (FIRST) (LAST) Referred by: Date office visit: Patient's Nickname: Patient's personal physician: Address Sex Age ___ _ Date of Birth (CITY) (STATE) Home Phone (Patient Occupation ____ Bus. Phone () Mother's Occupation . Father's Occupation Marital Status (please circle): single married divorced separated widowed If patient is a child, marital status of parent(s): single married divorced separated widowed Last school grade completed by patient: ______ If child, lives with: _____ Mother's Name: Father's Name: Name of individual responsible for bill: (STREET) (CITY) (STATE) (ZIP) Employer: If Medicare, # Ins. Co. _ Certificate/Policy # SYMPTOMS/PROBLEMS: Concisely list your symptoms/problems, i.e.: Why did you come to this office? What is bothering you? Explain if there is a pattern to the symptoms. Date symptoms/problems first recognized by patient. Score them 1-5. 1 = least bothersome, 5 = most bothersome. **MEDICATIONS** A. List any medications, their specific names, dosage, and how B. List any vitamin, mineral or nutritional supplements, their often currently taken. (Show brand names) specific names, dosage, and how often currently taken. (Show brand names)

Do you take any of these daily	YES	NO	List	any medications to which you are allergic or which cause
or as often as 1-2 times a week?		1		easant side effects. Please describe reaction:
Aspirin or Acetaminophen			-	
(Datril, Tylenol, etc.)			A	
Ibuprofen (Advil, Nuprin)	-		Samuel C	THE PROPERTY OF THE PROPERTY O
Sinus or allergy medications				
Laxatives	The state of	II.		Ten Trous Provide
Antacids				mark of the state
Nose drops/sprays	- Malu la			
Ointments				The state of the s
Antidepressants				
Nebulizers				THE PARTY OF THE P
Other drugs				
				Max
Have you ever taken an oral cortisone preparation	on Indies		DONT	ecadron, Medrol or others?
	YES	NO	KNOW	COMMENTS
about a week	and the same			
about two weeks	- United			
about a month				remain let malify me to exist make one a sentency of
two months or more				The second secon
Have you received cortisone type "allergy shots":	such as D	epo N	Medrol, D	ecadron, Kenalog, or others?
once				
twice				
three				
four or more				
Have you ever been on birth control pills?				The second secon
yes, but less than six months				
six months to two years				
more than two years				
are you taking them now?				
any side effects?				
The approximate total amount of time that you have any reason)	e been on	Tetra	cyline, A	mpicillin, Keflex, Ceclor, Erythromycin, or other antibiotics (for
one month or less				
one month to six months				
six months to two years	-			
two years or longer				
The medical reasons for which you have taken th	e antibiotic	es list	ed above	include (select all applicable):
Acne or other skin infection				
Kidney, bladder, prostrate, or				
other urinary tract infections				
Ear infections				
Tonsillitis				
Strep throat				
"Colds"				
Surgically related problems	-			
Have symptoms occurred in the following patterns	in the pa		ar?	COMMENTS
Worse indoors	by Coll 1	1 3	licin mod	
Improved outdoors		-		THE RESERVE OF THE PROPERTY OF
Increase in symptoms within 30				
minutes after going to bed	- Harry			
Symptoms recur or increase with				
return of cold weather				
Nasal symptoms with little or no	3			
tching of eyes	-			
Worse in air conditioning				
Symptoms increase or occur while			100	
dusting or sweeping				
Symptoms are worse outdoors 4:30-8:30 p.m.				
Symptoms increase in cooling evening air				

Symptoms are worse in damp places			INU					
					MMENTS			
Nasal symptoms without eye itching while mo	owing							
grass or playing on lawn								
Worse raking leaves or playing in leaves	-							10171
Worse September to heavy (killing) frost								
Symptoms increase around October 1st						15.55		
Runny nose, sneezing, eye or nose itching								
Itching of the whole eye								1155
Itching of the inside corners of the eye only								-
Symptoms worse on clear days	Wir Ka				and start	100	Jan I	Ad al
Worse outdoors 7-11:00 a.m.					AL			_
Improved indoors, especially in air conditionin	ng							
Flare when going from air conditioned		TO THE REAL PROPERTY.			Acres 1-27	7		
room to open air								
Little or no symptoms when it is raining					The state of the s	0.1		
Worse in basements				- STARTER START				
Symptoms are worse around feed mills								
Symptoms are worse in barns							-	
Symptoms are worse in certain homes		7 27-01						
Whose home?								
React to cats or in home with cats		- 11						
React to dogs or in home with dogs							and Alling	0.905
React to other animals								
Which?								
Do you usually have ANY symptoms to ANY.	1					-		
Do you usually have ANY symptoms to ANY of	degree	in the		ns?				
		-	DON'T	A STATE OF THE PARTY OF THE PAR	1	1	DO	N'T
	ES N	10	KNOW		YES	NO	KNO	WC
January				July	10 -10			
February				August				
March			Tight -	September		-		-
April			2011	October				
Mari								
May			YES .	November				
June			7045 24 G	December				
June	s the le	east bo	othersom	December				
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HOME ENVIRON	YES	NO	
Heat delivered by			
	Gravity		
	Radiators		
	Electric panels		
Air Filter:	Fiberglass		
	Electronic		
	HEPA		
	Other		
Humidifier:	On furnace		
	Room unit		
Air conditioning:	Whole house		
	Room units		
Air purifier:	Brand		
	What rooms	P.	
Smoking:	Patient (now)		
	Spouse		
	Mother		
	Father		
	Cigarette		
	Cigar		
	Pipe		
Have you stoppe	d smoking and when?		
	trees or shrubs been sprayed or		
Any symptoms at			
If yes, what symp			

	YES	NO
Well water	11	
City water		
Other		
Synthetic		
Wool	- 0	
Cotton		
Other		
Rubber/plastic padding		
Natural fiber padding		
me:		
ptoms are worse?		
المسجورة بتنجيز فالفائد المساح		
s:		
w carnet-		
	City water Other Synthetic Wool Cotton Other Rubber/plastic padding Natural fiber padding me: ptoms are worse?	Well water City water Other Synthetic Wool Cotton Other Rubber/plastic padding Natural fiber padding me: ptoms are worse?

Appllances	:	Gas	Ele	ctrl
Stove				11
Water heate		res and		SIET
Clothes drye	er			
Heating Sy	stem:	IYES	INOI	
Gas	test - various/CF basus the	- politicari		14 E
Fuel oil	saudot seno mievo ne	dictional in		iguF
Coal	90	a de la constantina		dried
Electric		THE DIST		in
Wood burnin	ng fireplace	or said to		HATE C
Wood burnin				metA
Steam	Table lander de el décision	an Indian		non.
Space heate	er en			oust
Туре:		Lin A	000	mex.
Other				
			id-d-o	mel
BEDROOM:		IYES	NOI	
Mattress:	Regular			
Mattress co				
	Allergy Proof		1000	TIL
Pillow:	Feather	1		
	Foam Rubber	A district		
	Dacron			-
	Other		200	W.
Covers:	Wool			
	Cotton			
	Synthetic			
	Down			
Bedroom ca	rpeted?	1000		
Stuffed anin	nals?			
Does child s	sleep with these?			
Has your ho	me been recently painted?			
Any recent i				LAND I
Describe:				
				-Tarl
				, t.
	The supposition in a second			
				INC

	YES	NO
Have you been away from your home or your	10/00	710
environment in the last several years?	dentité	160
If yes - where?		1.8.0
When away, were there any changes in your symptoms?		
If better to what degree?	de.	
If walking on an ocean beach, were you symptom free?		lean.

WORK ENVIRONMENT:	IYES	INOI		VEC	I NO I
At work, are your symptoms	1.00	110	Do you think your work and/or machines	YES	NO
better			bo you tillik your work and/or machines	Did with	10
worse	-	+	have anything to do with your symptoms?		
the same			Are there materials used at work that you	SALE THE	THE NEW
Are you bothered by smoking in	-	-	think have something to do with your		
your work place?			symptoms?		
Any particular place or room at work	-	+	Describe these materials and/or		- 0000
which bothers you?			machines/equipment	A COLUMN	
	-	-	How long at this employment?		
Have you been exposed to any of the	the burn		How many miles do you travel to work?		
following items at work presently or	1	day	by expressway miles?		THE DOLLAR
in previous jobs?		nani di	sideroad miles?		
Asbestos			AND STORY OF THE PERSON OF THE		
Chemicals			MISCELLANEOUS:	YES	NOI
Fumes	January .		Do you suspect sensitivity to:	120	NO
Mists (like spray paints)		1	Latex		
Biologics (blood, serum, etc.)			Insect Venom		
Dusts (grain, cotton)	1		Insect vendin		
Agricultural sprays	-	1	The sales had been been all the sales are th		
	-				
OTHER ENVIRONMENTAL QUESTIONS	IVEC	LNO			
Do you notice an increase in symptoms in:	IES	NO	IF YES, WHAT SYMPTO	OMS?	
church	-	-			OF BUILDING
malls or shopping centers	de la		district and the second second second second	H (A) DELES	A CHILLIAN
school shopping centers	-		NAME OF THE PARTY	HEED THE	
				1)00151	T didays
particular classroom				WITT TO THE	TO ME
car				TOUR	200 276
gas station				THATA	T DE LOT
beauty parlor, hair stylist				1000	9 901 10 11
fabric store					
carpeting store					
hospital					
other	A STATE				
					27 001 10
Do these products bother you?	YES	INOI	IF VES WUAT SYMPTO	NACO	
Gasoline products	-	-	IF YES, WHAT SYMPTO	JM57	600
					11531714-1
Exhaust fumes					
Exhaust fumes Soaps, detergents					inti-conti-
Exhaust fumes Soaps, detergents Fabric softeners					
Exhaust fumes Soaps, detergents Fabric softeners Bleaches					
Exhaust fumes Soaps, detergents Fabric softeners Bleaches Chlorinated water				1.04	
Exhaust fumes Soaps, detergents Fabric softeners Bleaches Chlorinated water Ammonia					
Exhaust fumes Soaps, detergents Fabric softeners Bleaches Chlorinated water Ammonia Polishes, floor waxes				• (%)	
Exhaust fumes Soaps, detergents Fabric softeners Bleaches Chlorinated water Ammonia Polishes, floor waxes Insect sprays				(200 (200 (200 (200 (200 (200 (200 (200	
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Exhaust fumes Soaps, detergents Fabric softeners Bleaches Chlorinated water Ammonia Polishes, floor waxes Insect sprays Mosquito spray Moth balls Asphalt, tar Disinfectant, sprays - liquid Rubber products Varnish, paint, shellac Hair sprays Cosmetics Perfumes Newsprint Tobacco Smoke					A DESTAL
Exhaust fumes Soaps, detergents Fabric softeners Bleaches Chlorinated water Ammonia Polishes, floor waxes Insect sprays Mosquito spray Moth balls Asphalt, tar Disinfectant, sprays - liquid Rubber products Varnish, paint, shellac Hair sprays Cosmetics Perfumes Newsprint Tobacco Smoke Metals					A DESTAL
Exhaust fumes Soaps, detergents Fabric softeners Bleaches Chlorinated water Ammonia Polishes, floor waxes Insect sprays Mosquito spray Moth balls Asphalt, tar Disinfectant, sprays - liquid Rubber products Varnish, paint, shellac Hair sprays Cosmetics Perfumes Newsprint Tobacco Smoke Metals Nickel					A DESTRUCTION OF THE PROPERTY

WEATHER-RELATED	IYES	NO		IF YES, WHAT SYMPTOMS?	-	
Worse with storm front						
Worse with wind (from which direction)						
Worse on rainy day						
Worse on dry day	3080		3016			
Other	Mana.					
FOODS						
Are you on any special diet at the present						
	YES	NO			NO	
				Notice increased symptoms 5 to 60		
Rotation				minutes after meals		
Vegetarian				Awaken from sleep between		
Low salt	_			1:00 to 5:00 a.m.		
Pritikin			21.3	If answer above is yes, is there any specific		
Weight Reduction	9 01 9 9 9			food you are hungry for at that time?		****
Low Cholesterol	-					
Diabetic/Hypoglycemic						
Stone Age Diet	-					
Other	-					
	-			NAME OF THE PERSON OF THE PERS		
Are you excessively sleepy after meals?	-			When sitting or standing, do you ever	100	
Do you notice itching	-			consciously notice that one side of your		
of the roof of the mouth?	-	-		nose is blocked and the other side		
between the shoulder blades?	-			less so?		
inside the ear canal?	+			And that later it is the reverse?		
and/or rash inside the bend of				Please list any foods you avoid. Explain	To Take	
the elbows or behind the knees?	-			why you avoid them.		
of the rectum?	-			The state of the s	do utiliser	
Do you get hives?	-					
Do you get canker sores?	+				len tradice:	
Have a foul breath odor?	_			Please list any foods you eat excessively,		
Are you bothered by				i.e. once daily or more often.		
belching	_					
qas				Until Make Control		-05
stomach ache						
nausea				Which food would you miss most if taken		
vomiting	1			out of your diet?		
bloating	1				and the street	dBH
constipation						
diarrhea						
Do you retaste foods after you have				Please list alcoholic beverages you drink		
eaten them?				and how often.		
Which foods?						
CANDIDA		YES	NO		YES	NO
On antibiotics, frequently in past?				Fingertips?	C 2 2 C 2	EN.
How long ago?			-	Cuticles?	HE STATE OF	
List any side effects (example: diarrhea	1)			Callouses?	Jan P	
Frequent vaginal infections, yeast infection				Do you crave sugar?		FIRE
infection of the prostate gland?				Do you crave breads?	1000	
When on antibiotics, is there an increase i	n vagina	1		Do you crave pastries?		
or prostate symptoms?				Do you have symptoms when you drink alcoholic	00 00 00	GRI.
Rectal itching?				beverages?		
Frequent fungal infections of nails?				What symptoms?		T.
Other fungal infections?				Are you bothered by premenstrual syndrome?	(F.D)	
Thrush?				If answer to previous question is YES, how does		
Ringworm?				PMS bother you?		MAC
Jock itch?					the physic	
Athlete's foot?						
Other skin signs?						
Cracked or split nails?						

ALLERGY TREATMENT HISTORY

	YES	NO I	COMMENTS
Have you ever had allergy tests for airborne inhala	ints? (Please		
attach a copy of the test results if you received a c	opy.)		
Type: Intradermal (injection by needle into skin)			
Prick (the skin is just "poked")			
Scratch Scratch			
RAST (blood test)	15 15 15 15 15 15 15 15 15 15 15 15 15 1		
Other			
When: Within the last year			enne
1-2 years ago			The second secon
3-5 years ago			and the same of th
6 or more years ago			his and serie Latinorus no savab to.
What doctor(s)?			one profits meandars
Are you taking allergy injections now?			adirerolan ennil gresni
(Select most accurate answer and tell for how long)		
More often than once a week		and the second	A100 A100 A100 A100 A100 A100 A100 A100
Once a week			and maked in the state of the Property of
Every two weeks			T 12367 L Latebook high
Monthly			
Seasonally, as needed			J. D. Calling Committee
How long have you been receiving allergy injections	s?		A STATE OF THE PARTY OF THE PAR
Date of last dose			about your art or at almost a large
Did you see improvement with the shots?			Little Live and Lone Land Records in the
Have you ever taken allergy injections in the past?			A STATE OF THE STA
When was the first dose?			well-self-though a market belong
Do you or did you have arm reactions?	State (Inches Fig. 1	February 1	7.0.7.81 Associa (8.00)
Have you ever been tested for food allergies? (Plea	se attach a		Prior to authority
copy of the test results if you received a copy.)			
Type: Never			should replay and specific sources are
Elimination or rotary diet		The state of	marine level Helita at the W
Sublingual test (under the tongue)			-A-m and analysis of the second
Intradermal (injection with syringe)		1. 1	
Prick (the skin is "poked")			Siznel white
Scratch			
Patch		100	
RAST (blood test)			
Cytotoxic Test or ALCAT Test			
Other			,
When: Within the last year			
1-2 years ago			
3-5 years ago			
6 or more years ago			
What doctor(s)?			
Type of treatment: A rotary diversified diet			THE DAY OF THE PERSON IN
Elimination diet		100000	The second secon
Sublingual therapy			The state of the s
Shots			The state of the s
			this section (
Can you have a good nights rest, wake up in the mo	raing and still fact tired?		YES N
Do you have problems with short term memory?	trining and still feet thed?		
Do you have greater emotional swings than what you	It think you should		
By this we mean emotional stimulation (your ups) or	ometional deservice		
Do you not tolerate the cold? i.e. (Do you need to we	emotional depression (yo	ur downs).]	
O you think your reflexes (your neuromuscular reso	an more clothes than other	rs in order to	stay warm?)
Do you think your reflexes (your neuromuscular response you gaining more weight than you think you shou	uld for your calain in it	y used to be	7 HARRY LANGE CO.
Please record your basal tomporature. (Mibat !	nu for your calorie intake?		met a
Please record your basal temperature. (What is your		et out of bed	in the morning?)
OralOR RectalC	OR Axillary		I I I I I I I I I I I I I I I I I I I
you do not know, please take your temperature.			South I state of the state of t
, production of tomperatore.			

HEALTH HISTORY

	t				Brothers/Sister	
	Patient	Spouse	Mother	Father	the	
	Pat	Spo	Mot	Fat	Br	PLEASE EXPLAIN SPECIFIC DIAGNOSIS
Allergies						TELACE EXTERIN SPECIFIC DIAGNOSIS
Asthma						
Birth defects						
Blood diseases (anemia, hemophilia, etc.)						
Bone or joint disorders						
Cancers, tumors, malignancies						
Chronic lung diseases (asthma, T.B., etc.)						
Eye or ear disorders						
Glandular diseases (thyroid, diabetes, etc.)					1	
Heart trouble					1	
Kidney or urinary disease						
(bladder problems, cystitis)						
Mental retardation						
Muscle disease (weakness, poor control)						
Nerve disease (epilepsy, cerebral palsy, others)						
Psychiatric condition						
Vaginal discharge, yeast infection						
Venereal disease (S.T.D.)						
HIV Positive AIDS						
High blood pressure						
Gastro-intestinal disorders (ulcers, diverticulitis,					1	
Crohn's disease, irritable bowel syndrome, colitis)						
Skin disorders (eczema, psoriasis, rashes)					1	
Liver disease (hepatitis, cirrhosis, jaundice)				1		
Mononucleosis						
Polio myelitis		1			1	
Coxsackie virus				1	1	
Herpes	1			1	1	
Migraine headaches				1	1	
Alcoholism						
Other	1		1		-	

Major hospitalizations: If you have ever been hospitalized for any medical illness or operation, write down your most recent hospitalizations below.

	YEAR	OPERATION OR ILLNESS	NAME OF HOSPITAL	CITY AND STATE
1st hospitalization				OHI AND OTHIE
(most recent)				
2nd hospitalization				
3rd hospitalization				

Outpatient surgery:

	YEAR	OPERATION OR ILLNESS	NAME OF HOSPITAL	CITY AND STATE
1st surgery				CITT AIRD CIATE
(most recent)	amentar but			and the state of the state of
2nd surgery			The second secon	
3rd surgery			The American Street Control of the C	Constant to And Annual Control

OI.	YES	NO		T'NOG	YEAR				RESUL	Te	
Chest X-ray					T. T.			70.7	NESUL	15	
Kidney X-ray				allegge	UNITED						
G.I. series											
Colon X-ray					- 1117			_	-		
(barium enema)					Francis .						
Gallbladder X-ray				Janes Ja					12.00		
					and again.			_			
	1,,,,,,	l		ON'T	Miles Miles	TORY (continued)					
EKG	YES	NO	K	WOW	YEAR				RESULT	rs	
EEG		-		rial role	Pub nor						
Immunoglobulins			-		priving.						The state of the s
Any other studies			-		-44.00			1111			
Thy other studies										V. Line is	The state of the state of
Past diseases: Chicken pox Mumps Hepatitis Croup		T'NO WON	YEAR	PR	OBLEMS	Measles German measles (3 day)	YES	NO	DON'T KNOW	YEAR	PROBLE
						Rheumatic fever					
Chronic bronchitis					Campill	Whooping cough					
lave you been outside ne past 5 years? If yes, where? ate of last physical ex	am					Done by					
of past 5 years? If yes, where?	am			90 de 1		Done by		any I			storm toriA smit set lip. ir 1 Comme set point
ne past 5 years? If yes, where? ate of last physical examplain any abnormal fine the second	amnding(s)		ark any		ms that app	oly) Please che (Those secu	ck yes		the past n	ionth)	I COMMENTS
re past 5 years? If yes, where? rate of last physical example of last	amnding(s)	ase ma	ark any			Please che (Those occu	ck yes	to cu	the nact -	ionth)	COMMENTS
Ne past 5 years? If yes, where? If years? If years	amnding(s)	ase ma	ark any			Please che (Those occur Aggravated by: Cigarettes	ck yes	to cu	the past n	ionth)	COMMENTS
veral nervous system eadaches: Age onset Duration Mere? Age onset Mere? Mere: M	amnding(s)	ase ma	ark any			Aggravated by: Cigarettes Cold drinks	ck yes	to cu	the past n	ionth)	COMMENTS
VERALL HEALTH RE entral nervous system eadaches: Age onset Duration where?	amnding(s)	ase ma	ark any			Aggravated by: Cigarettes Cold drinks	ck yes	to cu	the past n	ionth)	COMMENTS
VERALL HEALTH RE entral nervous system eadaches: Age onset Duration by many days per enth do you have	amnding(s)	ase ma	ark any			Aggravated by: Cigarettes Cold drinks Beer or liquor	ck yes	to cu	the past n	ionth)	COMMENTS
VERALL HEALTH RE entral nervous system eadaches: Duration by many days per enth do you have eadaches?	amnding(s)	ase ma	ark any			Aggravated by: Cigarettes Cold drinks Beer or liquor Food	ck yes	to cu	the past n	ionth)	COMMENTS
VERALL HEALTH RE entral nervous system by many days per onth do you have adaches? they interfere with	amnding(s)	ase ma	ark any			Aggravated by: Cigarettes Cold drinks Beer or liquor Food Frequency:	ck yes	to cu	the past n	ionth)	COMMENTS
VERALL HEALTH RE entral nervous system adaches: Age onset Duration bw many days per onth do you have adaches? they interfere with ep?	amnding(s)	ase ma	ark any			Aggravated by: Cigarettes Cold drinks Beer or liquor Food Frequency: Regular	ck yes	to cu	the past n	ionth)	COMMENTS
VERALL HEALTH RE entral nervous system by many days per onth do you have adaches? they interfere with ep? you have to go to	amnding(s)	ase ma	ark any			Aggravated by: Cigarettes Cold drinks Beer or liquor Food Frequency: Regular Periodic	ck yes	to cu	the past n	ionth)	COMMENTS
VERALL HEALTH RE entral nervous system wate onset Duration by many days per enth do you have adaches? they interfere with ep? you have to go to ep for the headache	amnding(s)	ase ma	ark any			Aggravated by: Cigarettes Cold drinks Beer or liquor Food Frequency: Regular Periodic Related to mens	ck yes	to cu	the past n	ionth)	COMMENT
VERALL HEALTH RE entral nervous system wate onset Duration by many days per enth do you have adaches? they interfere with ep? you have to go to ep for the headache	amnding(s)	ase ma	ark any			Aggravated by: Cigarettes Cold drinks Beer or liquor Food Frequency: Regular Periodic Related to mens cycle	ck yes	to cu	the past n	ionth)	COMMENT
If yes, where? If yes, where yes,	amnding(s)	ase ma	ark any			Aggravated by: Cigarettes Cold drinks Beer or liquor Food Frequency: Regular Periodic Related to mens cycle Time of year:	ck yes	to cu	the past n	ionth)	COMMENTS
If yes, where? If yes, where yes, wher	amnding(s)	ase ma	ark any			Aggravated by: Cigarettes Cold drinks Beer or liquor Food Frequency: Regular Periodic Related to mens cycle Time of year: Anytime	ck yes	to cu	the past n	ionth)	COMMENT
VERALL HEALTH RE entral nervous system eadaches: Age onset Duration ow many days per onth do you have adaches? they interfere with ep? you have to go to ep for the headache go away? be: Pulsating	am nding(s)	ase ma	ark any			Aggravated by: Cigarettes Cold drinks Beer or liquor Food Frequency: Regular Periodic Related to mens cycle Time of year:	ck yes	to cu	the past n	ionth)	COMMENTS
re past 5 years? If yes, where? rate of last physical example of last	am nding(s)	ase ma	ark any			Aggravated by: Cigarettes Cold drinks Beer or liquor Food Frequency: Regular Periodic Related to mens cycle Time of year: Anytime Fall	ck yes	to cu	the past n	ionth)	COMMENTS
re past 5 years? If yes, where? rate of last physical examplain any abnormal find the property of the propert	am nding(s)	ase ma	ark any			Aggravated by: Cigarettes Cold drinks Beer or liquor Food Frequency: Regular Periodic Related to mens cycle Time of year: Anytime Fall Spring	ck yes	to cu	the past n	ionth)	COMMENTS
re past 5 years? If yes, where? ate of last physical example of last p	am nding(s)	ase ma	ark any			Aggravated by: Cigarettes Cold drinks Beer or liquor Food Frequency: Regular Periodic Related to mens cycle Time of year: Anytime Fall Spring Summer	ck yes	to cu	the past n	ionth)	COMMENTS
re past 5 years? If yes, where? ate of last physical example of last p	am nding(s)	ase ma	ark any			Aggravated by: Cigarettes Cold drinks Beer or liquor Food Frequency: Regular Periodic Related to mens cycle Time of year: Anytime Fall Spring Summer Winter	ck yes	to cu	the past n	ionth)	COMMENT
re past 5 years? If yes, where? ate of last physical example of last p	am nding(s)	ase ma	ark any			Aggravated by: Cigarettes Cold drinks Beer or liquor Food Frequency: Regular Periodic Related to mens cycle Time of year: Anytime Fall Spring Summer	ck yes	to cu	the past n	ionth)	COMMENTS

Central	Nervous	System	(continued)	

	Yes	No	Comments
Fainting			
Depression			
Mood swings			
Hyperactivity			
Irritability			MILITARY.
Hallucinations			CITY SILVE
Forgetfulness/poor memory			
Spacey feeling			
Poor concentration			
Apathy			
Confusion			
Seizures			
Jekyll & Hyde personality			
Panic Disorder			
Sleep Apnea			
Insomnia			
Nightmares	1000	100	
Sleepiness			Linguida
Feeling of rage			Local District ST
Learning disorders			
Numbness & tingling		-	of Francis IR
Anxiety (panic)			
Dizziness			
Listlessness			
Fatigue			
On arising			The second second
After meals			
All the time			

Eyes

	Yes	No	Comments
Itching			
Burning			
Pain			
Tearing			
Red eyes			
Sensitive to light			
Puffy eyes			
Dark circles under			
Visual difficulties	0.01.10	Jacoby	and Park
Other	Y make Workland	limite.	secriff You was

Ears

	Yes	No	Comments
Itching			
Full, blocked, ear pressure			
Frequent ear infections			
Recurrent fluid behind			Name and Park
eardrums			
Reddening of ears			
Earaches			
Sensitive to sound			
Hearing loss		1000	
Dizziness			
Other			The state of

Nose

	Yes	No	Comments
Sneezing spells			TOP HAVE COMPANY
Itching			THE PROPERTY OF THE PARTY OF TH
Stuffy			July X Botos
Runny			
Post nasal drip		- Ym-	As published
Sinusitis			
Sinus pressure/pain			-
Nosebleeds			NATE OF
Nasal polyps			
Rub nose upwards			
Snoring			
Other			F281, 1614, 7

Throat

The second secon	Yes	No	Comments
Itching			
Sore			
Tight			June June 19
Swollen			
Difficulty swallowing			
Choking			
Hoarse voice			1000
Frequent clearing of throat			
Post-nasal drainage			

Mouth-teeth-gums

	Yes	No	Comments
Increased salivation		18	
Bad breath			
Dental problems (Explain)			
Problem with anesthetic	To be lead of		
T.M.J.			
Coated tongue			
Canker sores			
Gum disease			
Tongue or lip swelling			

Breathing

built meetings and from the	Yes	No	Comments
Coughing	Lighter		
Wheezing (only with			
infection			Landa de la
Wheezing (other times)			
Chest feels tight			- nacemilie
Not enough air			ES TOUR DES
Rapid breathing		600	Call Continue
Short of breath			
Sleeps with number of pillows		olive a	

	Yes	No	Comments	Tarabahan Land - 1 a 17 t	Yes	No	1 0
Appetite				Arthritis	103	140	Comment
Good				Bursitis		-	
Poor				Fibrositis		-	
Selective	A STATE OF THE STATE OF		A country of the coun	Joints (aching or pain)		-	
Stomach aches				Neck		-	
Cramps				Upper back		-	
Intestinal gas	a delicate	THE R.	in c. Contractor	Lower back		-	
Inordinate hunger/thirst				Legs		-	
Nausea				Seasonal		-	
Vomiting			Annah Majaran	Continuous		-	-
Fullness/bloating	The same	9 -		Swelling			
Constipation		THE R. P.	V. C. S. S. S. S.	Other			
Diarrhea				Weakness			C. DIPPER
Foul odor - stool			-	Shakiness			
Heart-Vascular	Yes	l No	Comments	Kidney and Bladder			
Rapid or irregular pulse	1.00	110	Comments	Urination			
Heart murmur				Deletul	Yes	No	Comments
Chest pains				Painful			
Rheumatic fever			THE PERSON NO.	Delayed	STEED STOLEN	PERC	LIREARKEIFE
Other heart disease	THE R. P. LEWIS CO.	CHAM	The second second	Prolonged	EL MOST		
Sweating				Frequency of:			
Chilly feeling				Daytime		mistrial i	Pald of break
Puffy face				Night time			
Cold hands/feet				Urgency			
Cold Harlds/1661				Bed wetting	Total Land State	moore	THE RESERVE
Bruising				Leaking of urine	Catarana a	as hard	Plain stail
biblishig			Control of the last	Frequent bladder infection	1 100 100 100 100		miels anald
Spontononia	Yes	No	Comments				
Spontaneous			All the Case !	Penile, vaginal organs			
asily			CMIT LUM STREET		Yes	No I	Comments
Often			There is in the second	Sores	103	140	Comments
				Itching			NINGHII HEREI
Blood Pressure				Yeast infections			
	Yes	No I	Comments	Menstrual irregularities			nds BEY t
High				Pre-menstrual syndrome		The latest	ner a malif
OW	01		O COMPANY COLOR	Impotence	12	Line !	SINTHER PARTY
					nice on our		
Skin				Loss of libido			Sections
	Yes	No I	Com	Discharge		late si	urla 23Y V
lushing	163	140	Comments	Describe:			her condition
Pallor - white						a. reen	many tenef the
cne		-		Sintagli wit	deloca fieta	na ina	filte sitema lare
Oryness	-			Swelling			
Diliness	-				Yes	No I	Comments
andruff	-			Generalized	TO A GA	-110	Comments
				Hands			
thlete's foot				Fingers			
ching				Ankles			EST TRIBUTES
ores, infections				Intermittent			THURST R.C.
itiligo				Continuous	- Sus		
ashes				- Community	THE RISE	THE REAL PROPERTY.	iting entries
escribe:			THE RESERVE	Lymph			
xcessive/offensive body odor				LYHIDH			

Swollen, tender glands

No | Comments

Stress

	Yes	l No	Comments
Home			an College
Mild			
Moderate			
Severe		47.15	MINISTER STATE
Work			
Mild			TO DE COMME
Moderate			My I - No. 1
Severe			7 - 07
School			74-11-11-11-11
Mild			
Moderate			THE STREET, ST.
Severe			

Miscellaneous

	Yes	No	and the same
Do you live near high tension lines?		Mil	Shell-
Do you live close to a freeway?			
Do you travel by air frequently 12 or more times a year?			(Cantro)
Do you exercise daily			
3 or more times a week		U. L. T.	
Is your car less than 2 years old?			
List the primary and secondary industries of the area:			

PARENT, PLEASE FILL OUT THIS PAGE, FOR INFORMATION ON YOUR CHILD.
ADULTS, PLEASE FILL OUT THIS PAGE, FOR YOUR INFANCY, IF THE INFORMATION IS AVAILABLE TO YOU.

Patient's birth history

ONT

Maternal and family history of patient

			DON
	IYES	NO	KNOW
During the pregnancy with patient, did mother		Al Al	
Have high blood pressure?	978	900	a salari
Have diabetes or sugar in her urine?			
Have albumin or protein in her urine?			
Have a urinary infection?	- 1-1-17		
Have German (3 day) measles?			
Take medicines prescribed by her doctor?			
Frequently smoke cigarettes?			
If YES, about how many packs a day?			
Have a venereal disease such as			- amily
gonorrhea or syphilis?	19		
Have a dependence on drugs or alcoholic			
beverages?			
If YES, please explain:			
Other conditions:			
How long was pregnancy?			
How early did mother start seeing the doctor?			
Did patient have hiccups while in mom's			-
uterus?			
Was this patient premature?			
Was more than one baby born?			
Did mother have a difficult delivery?			
Was it a breech (bottom first) delivery?			
Was it a cesarean delivery?			
What was patient's weight a birth?			
Was there an Rh problem?			
Was anything wrong with patient at birth?			
If YES, what?			
			-

How many children have you (mother) had?	-
Which one is this child?	
Have you (mother) had any premature births?	_
Have you (mother) had any cesarean births?	
Have you (mother) had any miscarriages?	
Mother's age now:	7
Father's age now:	
Mother's height:	
Father's height:	_
Number of people living in child's home:	
Who spends most time caring for child (father, mother, etc.)?	

Introduction of foods:	
1) Was this patient breast or bottle fed?	
2) Failure to gain or excessive weight gain?	
3) If bottle fed, what formula did you use?	
A) Did you need to switch formulas for any reason?	
List formulas tried and reasons for changing each formula:	
5) At what age did patient begin solid foods?	
6) Did patient have any problems with any solid foods introduced?	
If yes, list the foods and the problems noticed:	
7) List any foods omitted from the diet during early childhood or infancy. If omitted, why?	
	5111

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