rs. Cook and Calley and Luevanos			Birtl	1	h #	Home
ame	Date	Age	Date	9	- e	Work
- Social History		Do you drink alcohol	(circle)	Ves / No		Cell
Marital Status						Pharm
Children#		Amount			-	Duo blome I int Physician
		Have you ever smo				Problem List use only
Religion (optional)		Max Amount			-	
		Age Started	Age	Orait		
Past History	Medica	ntions You are taking r			Maria Maria Maria	
ni oi i		8				
Cancer Cancer	Relationship				4	•
Cancer Cancer						
Cancer						等法: ※
Diabetes					,	#
TB						# - 44. · 2
Heart Trouble 🔲 📗						
Vascular Disease						
Blood Pressure						
Stroke						
Epilepsy						
Asthma						
Kidney Disease						
Bleeding Disorder						10 10 10 10 10 10 10 10 10 10 10 10 10 1
Glaucoma						
Arthritis			V			
Hepatitis						
Lung Disease						
Ulcers						
lood Transfusions						
Colitis 🔲 📗						
Thyroid Problems Alzheimers Dz	·					
Rheumatic Fever						
Other:						
	Allerg	ies To Medications	Name of Association in the continue of			
Hospitalizations And Surgerie	None None	its to medications				DI N
None	(Aprox Date)					- Physician Notes
Though	(Aprox Date)					
	CPE				Aberta a tab	
-	Well Won	220				
	Mammog					
	Colonosc		1			
	PPD	~~!				
	EKG					
	PSA					
	Dexa Sca	n/ B Den				
	dTaP					
	Flu					
	Pneumo	/ax				