



In order for us to care for you to the best of our ability please fill out this form completely. If you have any questions about any part of this form please ask for assistance. Please be assured that all of this information will be kept in the strictest confidence. Thank you and welcome to our office.

### PLEASE TELL US ABOUT YOURSELF

Today's Date: \_\_\_\_\_

Name: Mr Mrs Ms Dr \_\_\_\_\_

Single       Married       Divorced       Widowed       Separated      MI

I prefer to be called: \_\_\_\_\_

S.S. # \_\_\_\_\_ Birthdate: / / Age: \_\_\_\_\_

email address \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Where & when are the best times to reach you? \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long there? \_\_\_\_\_ Occupation: \_\_\_\_\_

Who may we thank for referring you? \_\_\_\_\_

Other family members seen by us: \_\_\_\_\_

### DENTAL INSURANCE

1. Person Responsible for this account: \_\_\_\_\_ Relationship \_\_\_\_\_

(If patient is responsible, you may skip questions #2 & 3)

2. Telephone #: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

3. Address: \_\_\_\_\_

#### Primary Dental Insurance

4. Insurance Company Name: \_\_\_\_\_ Group # (Plan, Local or Policy #) \_\_\_\_\_

5. Insurance Company Address: \_\_\_\_\_

(Please complete questions 6-9 only if the patient is not the insured)

6. Insured's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

7. Insured's Birthdate: / / Insured's SS#: \_\_\_\_\_ Insured's Phone # ( ) \_\_\_\_\_

8. Insured's Employer (name and address): \_\_\_\_\_

9. Insured's Employer Telephone #: ( ) \_\_\_\_\_

10. Are you covered by a secondary Dental Insurance?       Yes       No

## MEDICAL HISTORY

**Do you have a personal physician?**  Yes  No

Physician's Name: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

Physician's Address: \_\_\_\_\_ Date of last visit: \_\_\_\_\_

**Your current physical health is:**  Good  Fair  Poor. Are you currently under the care of a physician?  Yes  No

If Yes, please explain \_\_\_\_\_

Do you smoke?  Yes  No      Are you taking any prescription / over the counter drugs?  Yes  No

If Yes, please list each one \_\_\_\_\_

**For Women:** Are you pregnant?  Yes  No Week # \_\_\_\_\_ Are you nursing?  Yes  No

Are you taking birth control pills?  Yes  No (The use of antibiotics may reduce the effectiveness of birth control drugs)

**Have you ever had any of the following diseases or medical problems?** (Please check Yes(Y) or No(N) for each)

- |  |                       |   |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
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| <table border="0" style="width: 100%;"> <tr><td style="width: 5%; text-align: center;">Y</td><td style="width: 5%; text-align: center;">N</td><td style="width: 90%;">Heart Attack / Stroke</td></tr> <tr><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td></td></tr> <tr><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td>Rheumatic Fever / Shingles</td></tr> <tr><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td></td></tr> <tr><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td>Heart Surgery / Pacemaker</td></tr> <tr><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td></td></tr> <tr><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td>Artificial Bones / Joints</td></tr> <tr><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td></td></tr> <tr><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td>High / Low Blood Pressure</td></tr> <tr><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td></td></tr> <tr><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td>Severe / Frequent Headaches</td></tr> <tr><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td></td></tr> <tr><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td>Diabetes / Tuberculosis (TB)</td></tr> <tr><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td></td></tr> <tr><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td>Congenital Heart Defect</td></tr> <tr><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td></td></tr> <tr><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td>Difficulty Breathing</td></tr> <tr><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td></td></tr> <tr><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td>Corrective Eye Lenses</td></tr> </table> | Y                     | N   | Heart Attack / Stroke | <input type="radio"/> | <input type="radio"/> |  | <input type="radio"/> | <input type="radio"/> | Rheumatic Fever / Shingles | <input type="radio"/> | <input type="radio"/> |  | <input type="radio"/> | <input type="radio"/> | Heart Surgery / Pacemaker | <input type="radio"/> | <input type="radio"/> |  | <input type="radio"/> | <input type="radio"/> | Artificial Bones / Joints | <input type="radio"/> | <input type="radio"/> |  | <input type="radio"/> | <input type="radio"/> | High / Low Blood Pressure | <input type="radio"/> | <input type="radio"/> |  | <input type="radio"/> | <input type="radio"/> | Severe / Frequent Headaches | <input type="radio"/> | <input type="radio"/> |  | <input type="radio"/> | <input type="radio"/> | Diabetes / Tuberculosis (TB) | <input type="radio"/> | <input type="radio"/> |  | <input type="radio"/> | <input type="radio"/> | Congenital Heart Defect | <input type="radio"/> | <input type="radio"/> |  | <input type="radio"/> | <input type="radio"/> | Difficulty Breathing | <input type="radio"/> | <input type="radio"/> |  | <input type="radio"/> | <input type="radio"/> | Corrective Eye Lenses | <table border="0" style="width: 100%;"> <tr><td style="width: 5%; 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| Y  | N                     | Heart Attack / Stroke                     |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> |   |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> | Rheumatic Fever / Shingles                |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> |   |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> | Heart Surgery / Pacemaker                 |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> |   |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> | Artificial Bones / Joints                 |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> |   |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> | High / Low Blood Pressure                 |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> |   |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> | Severe / Frequent Headaches               |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> |   |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> | Diabetes / Tuberculosis (TB)              |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> |   |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> | Congenital Heart Defect                   |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> |   |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> | Difficulty Breathing                      |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> |   |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> | Corrective Eye Lenses                     |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| Y  | N                     | Cancer / Chemotherapy                     |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> |   |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> | HIV+ / AIDS                               |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> |   |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> | Mitral Valve Prolapse / Artificial Valves |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> |   |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> | Frequent Urination or Thirst              |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> |   |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> | Fever Blisters                            |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> |   |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> | Epilepsy / Seizures / Fainting Spells     |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> |   |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> | Venereal Disease                          |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> |   |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> | Anemia / Radiation Therapy                |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> |   |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> | Hospitalized for Any Reason               |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> |   |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> | Emphsema / Glaucoma                       |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| Y  | N                     | Heart Murmur                              |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> |   |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> | Tonsilitis                                |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> |   |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> | Kidney Problems                           |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> |   |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> | Sinus Problems                            |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> |   |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> | Phychiatric Problems                      |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> |   |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> | Drug / Alcohol Abuse                      |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> |   |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> | Ulcers / Colitis                          |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> |   |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> | Asthma / Arthritis                        |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> |   |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> | Hepatitis                                 |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> |   |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |
| <input type="radio"/>  | <input type="radio"/> | Blood Transfusion                         |                       |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                           |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                         |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                       |   |   |   |                       |                       |                       |  |                       |                       |             |                       |                       |  |                       |                       |   |                       |                       |  |                       |                       |                              |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                                       |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                            |                       |                       |  |                       |                       |                             |                       |                       |  |                       |                       |                     |  |   |   |              |                       |                       |  |                       |                       |            |                       |                       |  |                       |                       |                 |                       |                       |  |                       |                       |                |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                      |                       |                       |  |                       |                       |                  |                       |                       |  |                       |                       |                    |                       |                       |  |                       |                       |           |                       |                       |  |                       |                       |                   |

Please list any serious medical condition(s) that you have ever had: \_\_\_\_\_

**Are you allergic to any of the following drugs?** (Please check Yes(Y) or No(N) for each)

- |   |                       |                           |                           |                       |                       |  |                       |                       |       |   |   |   |              |                       |                       |  |                       |                       |                    |  |   |   |              |                       |                       |  |                       |                       |         |   |   |   |         |                       |                       |  |                       |                       |       |
|---|-----------------------|---------------------------|---------------------------|-----------------------|-----------------------|--|-----------------------|-----------------------|-------|---|---|---|--------------|-----------------------|-----------------------|--|-----------------------|-----------------------|--------------------|--|---|---|--------------|-----------------------|-----------------------|--|-----------------------|-----------------------|---------|---|---|---|---------|-----------------------|-----------------------|--|-----------------------|-----------------------|-------|
| <table border="0" style="width: 100%;"> <tr><td style="width: 5%; text-align: center;">Y</td><td style="width: 5%; text-align: center;">N</td><td style="width: 90%;">Penicillin / Sulfur Drugs</td></tr> <tr><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td></td></tr> <tr><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td>Latex</td></tr> </table> | Y                     | N                         | Penicillin / Sulfur Drugs | <input type="radio"/> | <input type="radio"/> |  | <input type="radio"/> | <input type="radio"/> | Latex | <table border="0" style="width: 100%;"> <tr><td style="width: 5%; text-align: center;">Y</td><td style="width: 5%; text-align: center;">N</td><td style="width: 90%;">Erythromycin</td></tr> <tr><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td></td></tr> <tr><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td>Dental Anesthetics</td></tr> </table> | Y | N | Erythromycin | <input type="radio"/> | <input type="radio"/> |  | <input type="radio"/> | <input type="radio"/> | Dental Anesthetics | <table border="0" style="width: 100%;"> <tr><td style="width: 5%; text-align: center;">Y</td><td style="width: 5%; text-align: center;">N</td><td style="width: 90%;">Tetracycline</td></tr> <tr><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td></td></tr> <tr><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td>Codeine</td></tr> </table> | Y | N | Tetracycline | <input type="radio"/> | <input type="radio"/> |  | <input type="radio"/> | <input type="radio"/> | Codeine | <table border="0" style="width: 100%;"> <tr><td style="width: 5%; text-align: center;">Y</td><td style="width: 5%; text-align: center;">N</td><td style="width: 90%;">Aspirin</td></tr> <tr><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td></td></tr> <tr><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td>Other</td></tr> </table> | Y | N | Aspirin | <input type="radio"/> | <input type="radio"/> |  | <input type="radio"/> | <input type="radio"/> | Other |
| Y   | N                     | Penicillin / Sulfur Drugs |                           |                       |                       |  |                       |                       |       |   |   |   |              |                       |                       |  |                       |                       |                    |  |   |   |              |                       |                       |  |                       |                       |         |   |   |   |         |                       |                       |  |                       |                       |       |
| <input type="radio"/>   | <input type="radio"/> |                           |                           |                       |                       |  |                       |                       |       |   |   |   |              |                       |                       |  |                       |                       |                    |  |   |   |              |                       |                       |  |                       |                       |         |   |   |   |         |                       |                       |  |                       |                       |       |
| <input type="radio"/>   | <input type="radio"/> | Latex                     |                           |                       |                       |  |                       |                       |       |   |   |   |              |                       |                       |  |                       |                       |                    |  |   |   |              |                       |                       |  |                       |                       |         |   |   |   |         |                       |                       |  |                       |                       |       |
| Y   | N                     | Erythromycin              |                           |                       |                       |  |                       |                       |       |   |   |   |              |                       |                       |  |                       |                       |                    |  |   |   |              |                       |                       |  |                       |                       |         |   |   |   |         |                       |                       |  |                       |                       |       |
| <input type="radio"/>   | <input type="radio"/> |                           |                           |                       |                       |  |                       |                       |       |   |   |   |              |                       |                       |  |                       |                       |                    |  |   |   |              |                       |                       |  |                       |                       |         |   |   |   |         |                       |                       |  |                       |                       |       |
| <input type="radio"/>   | <input type="radio"/> | Dental Anesthetics        |                           |                       |                       |  |                       |                       |       |   |   |   |              |                       |                       |  |                       |                       |                    |  |   |   |              |                       |                       |  |                       |                       |         |   |   |   |         |                       |                       |  |                       |                       |       |
| Y   | N                     | Tetracycline              |                           |                       |                       |  |                       |                       |       |   |   |   |              |                       |                       |  |                       |                       |                    |  |   |   |              |                       |                       |  |                       |                       |         |   |   |   |         |                       |                       |  |                       |                       |       |
| <input type="radio"/>   | <input type="radio"/> |                           |                           |                       |                       |  |                       |                       |       |   |   |   |              |                       |                       |  |                       |                       |                    |  |   |   |              |                       |                       |  |                       |                       |         |   |   |   |         |                       |                       |  |                       |                       |       |
| <input type="radio"/>   | <input type="radio"/> | Codeine                   |                           |                       |                       |  |                       |                       |       |   |   |   |              |                       |                       |  |                       |                       |                    |  |   |   |              |                       |                       |  |                       |                       |         |   |   |   |         |                       |                       |  |                       |                       |       |
| Y   | N                     | Aspirin                   |                           |                       |                       |  |                       |                       |       |   |   |   |              |                       |                       |  |                       |                       |                    |  |   |   |              |                       |                       |  |                       |                       |         |   |   |   |         |                       |                       |  |                       |                       |       |
| <input type="radio"/>   | <input type="radio"/> |                           |                           |                       |                       |  |                       |                       |       |   |   |   |              |                       |                       |  |                       |                       |                    |  |   |   |              |                       |                       |  |                       |                       |         |   |   |   |         |                       |                       |  |                       |                       |       |
| <input type="radio"/>   | <input type="radio"/> | Other                     |                           |                       |                       |  |                       |                       |       |   |   |   |              |                       |                       |  |                       |                       |                    |  |   |   |              |                       |                       |  |                       |                       |         |   |   |   |         |                       |                       |  |                       |                       |       |

Please list any other drugs that you are allergic to: \_\_\_\_\_

**In the event of an emergency, is there someone who lives near you that we should contact?**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone #: Home (    ) \_\_\_\_\_ Work (    ) \_\_\_\_\_

## DENTAL HISTORY

Why have you come to the dentist today? \_\_\_\_\_

Have you ever had a reaction to any dental treatment? \_\_\_\_\_

Do you now or have you ever experienced pain / discomfort in your jaw joint (TMJ)?  Yes  No

Do you favor one side when you eat?  Yes  No      Do your gums bleed?  Yes  No

Do you grind your teeth or bite your cheeks?  Yes  No

Have you ever had: Facial or oral surgery  Yes  No, Periodontal Surgery?  Yes  No, Orthodontics  Yes  No

When was the last time you visited a dental office? \_\_\_\_\_

Who was you last dentist? \_\_\_\_\_

I understand that the information that I have given today is correct to the best of my knowledge. I also understand that it is my responsibility to inform this office of any changes in my medical status. I authorize the dental staff to perform any necessary dental services with my informed consent that I may need during diagnosis and treatment. I furthermore agree to be responsible for payment of those services rendered or for any collection thereof.

Signature \_\_\_\_\_

Date \_\_\_\_\_

----- **FOR OFFICE USE ONLY** -----

I verbally reviewed the medical / dental information above with the patient named herein. Date \_\_\_\_\_ Initials \_\_\_\_\_

Date \_\_\_\_\_ Initials \_\_\_\_\_      Date \_\_\_\_\_ Initials \_\_\_\_\_      Date \_\_\_\_\_ Initials \_\_\_\_\_

Date \_\_\_\_\_ Initials \_\_\_\_\_      Date \_\_\_\_\_ Initials \_\_\_\_\_      Date \_\_\_\_\_ Initials \_\_\_\_\_