Have You Ever Had An Operation On Any Of the Following? Check ( )Yes or No and give date

Yes	No		Date
☐	☐	Appendix	
☐	☐	Gall Bladder	
☐	☐	Stones(Kidney)	
☐	☐	Tonsils	
☐	☐	Tumor (any kind/type)	
☐	☐	Varicose Veins	
☐	☐	Hernia	
☐	☐	Hemorrhoids	
☐	☐	Chest	
☐	☐	Spine	
☐	☐	Breast	

Yes	No		Date
☐	☐	Ovary	
☐	☐	Tubes	
☐	☐	Womb(uterus)	
☐	☐	Bones	
☐	☐	Muscles	
☐	☐	Vaginal Repair	
☐	☐	Cesarean Section	
☐	☐	D & C	
☐	☐	Biopsy of Cervix	
☐	☐	Others	

Have You Ever Had? Check( ) Yes or No and give date

Yes	No		Year
☐	☐	Venereal disease	
☐	☐	Syphilis	
☐	☐	Gonorrhea	
☐	☐	Other (VD)	
☐	☐	Measles	
☐	☐	Mumps	
☐	☐	Chicken Pox	
☐	☐	Ger Measles(Rubella)	
☐	☐	Poliomyelitis	
☐	☐	Whooping Cough	
☐	☐	Hepatitis	

Yes	No		Year
☐	☐	Typhoid	
☐	☐	Diphtheria	
☐	☐	Amebic Dysentery	
☐	☐	Malaria	
☐	☐	Encephalitis	
☐	☐	Meningitis	
☐	☐	Undulant Fever	
☐	☐	Tuberculosis	
☐	☐	HIV or AIDS	
☐	☐	Others	
☐	☐		

As Of Now Do You Have Any Of The Following Symptoms? Check( ) Yes or No

Yes	No	
☐	☐	Chills
☐	☐	Fevers
☐	☐	Recent weight gain
☐	☐	Recent weight loss
☐	☐	Poor appetite
☐	☐	Excessive weakness
☐	☐	Excessive sweating
☐	☐	Unusual growth of hair
☐	☐	Abnormal distribution of hair
☐	☐	Marked tiredness
☐	☐	Dizziness
☐	☐	Fainting spells
☐	☐	Headaches
☐	☐	Hearing aid
☐	☐	Deafness
☐	☐	Ringing in ears
☐	☐	Eye pain
☐	☐	Marked disturbance of vision
☐	☐	Glasses
☐	☐	Nosebleed
☐	☐	Hoarseness
☐	☐	Toothache
☐	☐	Sore in mouth
☐	☐	Sore on gums
☐	☐	Sore on tongue
☐	☐	Dentures
☐	☐	Difficulty in swallowing
☐	☐	Rheumatic fever
☐	☐	Heart disease
☐	☐	Cough
☐	☐	Chest pains
☐	☐	Shortness of breath
☐	☐	Asthma

Yes	No	
☐	☐	Palpitation of heart
☐	☐	Lumps in breast
☐	☐	Hepatitis or yellow jaundice
☐	☐	Nausea or vomiting
☐	☐	Heartburn
☐	☐	Indigestion
☐	☐	Abdominal cramps or pain
☐	☐	Diarrhea
☐	☐	Constipation
☐	☐	Change in bowel habit
☐	☐	Blood in stools
☐	☐	Tarry stools
☐	☐	Gallbladder disease
☐	☐	Blood in urine
☐	☐	Pus in urine
☐	☐	Bladder infection
☐	☐	Sugar in urine
☐	☐	Frequent night urination
☐	☐	Sudden urgent need to urinate
☐	☐	Painful urination
☐	☐	Loss of urine with coughing or sneezing
☐	☐	Kidney stones
☐	☐	Kidney infection
☐	☐	Swelling of feet, hands, or face
☐	☐	Leg cramps with walking
☐	☐	Skin eruption
☐	☐	Nervousness
☐	☐	Excessive worry
☐	☐	Depression
☐	☐	Other complaints
☐	☐	Are you taking any drugs now? Name
☐	☐	Allergic to any drugs? Name