

MEDICAL HISTORY

Vinson Health Center

LAST NAME (PRINT) FIRST					MIDDLE N			MUSTANGS ID NUMBER						
ADDRESS (NUMBER/ APT # AND STREET) CITY					STATE			ZIP CODE						
ADDRESS (NOWIDER) AFT # AND STREET) CITY					SIAIL			ZIP CODE						
LOCAL CELL PHONE NUMBER LOCA					NUME	BER	DAT	DATE OF BIRTH			SEX/ETHNICITY			
YOUR PREFERRED E	EMAIL AD	DRESS												
IN CASE OF EMERGENCY (USA ONLY)					RELATIONSHIP				HOME/CELL NUMBER (USA ONLY)					
IN CASE OF EMERG	ENCY AD	DRESS (NU	JMBER, STREET, APT.)	CIT	Y		STA	TE.			ZIP CODE			
Have any of yo	ur relat	ives eve	er had any of the	followin	g?									
	Yes	No	Relationship					Yes	No	Rela	tionship			
Tuberculosis							Arthritis							
Diabetes							Stomach Disease							
Kidney Disease							Asthma, Hay Fever							
Heart Disease							Epilepsy, Convulsions							
Personal Histor	ry (PLEA	ASE ANS	WER ALL QUESTION	ONS) Co	mmen	t on al	l positive answers in	the spac	e below	or attac	h additional page			
Have you had?	Yes		ave you had?	Yes	No		ve you had?		Yes	No	Have you had?	Yes	No	
Scarlet fever		Frequent anxiety					Chronic cough Venereal disease							
Measles	\perp	Frequent depression				Palpitations (heart)					Albumin/Sugar in urine			
German measles		Worry or Nervousness Recurrent Headache				High or Low Blood Pressure Rheumatic Fever or Heart Murmur					Frequent Urination Female Only			
Mumns		Re	ecurrent Headache			Rhei	imatic Fever or Heart Mur	mur						
Mumps Chicken Pox			ecurrent Headache					mur						
Mumps Chicken Pox Malaria		Re	ecurrent Headache ecurrent Colds ead Injury with			Dise	amatic Fever or Heart Mur ase or Injury of Joints k Knee, Shoulder, etc.	mur			Irregular Periods Sever Cramps			
Chicken Pox Malaria		Re He Ui	ecurrent Colds ead Injury with nconsciousness			Dise	ase or Injury of Joints k Knee, Shoulder, etc.	mur			Irregular Periods Sever Cramps			
Chicken Pox Malaria Gum or tooth trouble		Re He Un Ha	ecurrent Colds ead Injury with nconsciousness ay Fever, Asthma			Dise Trick Back	ase or Injury of Joints k Knee, Shoulder, etc. r Problems	mur			Irregular Periods Sever Cramps Excessive Flow			
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