FAMILY MEMBERS:

Living							Deceased				
	Health										
	Age	•	Goo	d	Fair	Poor	Age at Death		Cause of	Death	
Father	·										
Mother											
Brother(s)									The state of the s	************	
	i,										
Sister(s)											

							-				
Tobacco Use: [] No	[]Y	es [] Former	Pa	cks/Day_		How Long	yrs	Date Quit _		
Alcohol Use: [] N	0 []	Yes	Beer	s/Day	у	Hard Li	quor Drinks/Day				
Former Alcohol Use:	He	w ma	ny year	s?			Date Quit				
Do you drink coffee?											
HOSPITALIZATIONS/				V 1							
HUSPITALIZATIONS/	KEAS	ONS:					DA	TE(S)			
					**				***************************************		
Do you wear artificial dev	rices?			,	/es	h his had in a recisariya a manada ada ada ada ada ada ada ada ada ad	No			-	
Please list							110				
r lease list											
IMMUNIZATIONS:	- X-				WP (Print) in the control of the con	X-RAY	YS:				
	Yes	No	Date						Yes	No	Date
Pneumonia						When w	as your last mammogra	m?			
						Back					
Γetanus						Dack					
						Chest					
Booster											
Booster Measles						Chest	ties				
Booster Measles Influenza						Chest					
Booster Measles Influenza German Measles/Mumps						Chest Colon Extremi					
Booster Measles Influenza German Measles/Mumps						Chest Colon Extremi Gall Bla	dder				
Booster Measles Influenza German Measles/Mumps						Chest Colon Extremi Gall Bla Kidney	dder				
Booster Measles Influenza German Measles/Mumps						Chest Colon Extremit Gall Bla Kidney Stomach	nts				
Tetanus Booster Measles Influenza German Measles/Mumps Other (specify)						Chest Colon Extremi Gall Bla Kidney Stomach Treatme	nts				