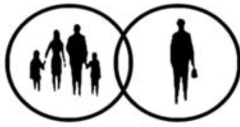

Chantilly Family Practice Center

Dr. Rajesh N. Mehra, Medical Director
4437 Brookfield Corporate Drive - Chantilly, VA 20151 - Office (703) 968 - 7277 Fax (703) 968 - 5644

PERSONAL HEALTH HISTORY

Have you ever had or do you have any of the following?

#	Condition	YES	NO	#	Condition	YES	NO
1	High blood pressure	❑	❑	20	Gall Bladder trouble	❑	❑
2	Heart trouble	❑	❑	21	Epilepsy	❑	❑
3	Rheumatic fever	❑	❑	22	Dislocations of joints	❑	❑
4	Rheumatism or Arthritis	❑	❑	23	Broken Bones	❑	❑
5	Kidney trouble	❑	❑	24	Back Pain	❑	❑
6	Stomach or Duodenal ulcer	❑	❑	25	Back Injury	❑	❑
7	Diabetes	❑	❑	26	Knee Injury	❑	❑
8	Tuberculosis	❑	❑	27	Head Injury	❑	❑
9	Asthma	❑	❑	28	Varicose Veins	❑	❑
10	Hay fever	❑	❑	29	Severe Headaches	❑	❑
11	Allergies	❑	❑	30	mental or Nervous Disorders	❑	❑
12	Shortness or Breath	❑	❑	31	Complications from childhood Diseases	❑	❑
13	Rupture or Hernia	❑	❑	32	Sciatica	❑	❑
14	Cancer	❑	❑	33	Eye Trouble	❑	❑
15	Tumor	❑	❑	34	Ear Trouble	❑	❑
16	Skin conditions or rash	❑	❑	35	Are you at present under a doctor's care for any condition?	❑	❑
17	Anemia	❑	❑	36	Have you ever had any serious illnesses or injuries?	❑	❑
18	Yellow Jaundice	❑	❑				
19	Fainting spells	❑	❑				

37 List medications now being taken: ______________________________

____

38 Have you ever been hospitalized for any illness or operations? If yes, please list giving reason and dates:

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FAMILY HISTORY

Has anyone in your family had or do they have the following?

#	Condition	YES	NO	Relationship to you (mother, father, etc.)
1	Tuberculosis	❑	❑	
2	High Blood pressure	❑	❑	
3	Diabetes	❑	❑	
4	Kidney disease	❑	❑	
5	Epilepsy	❑	❑	
6	Mental or nervous disorder	❑	❑	

Your medical representative has my authorization to request from a personal physician, hospital, clinic, etc., information regarding my medical history, physical condition or diagnosis when deemed necessary. To the best of my knowledge, the foregoing statements are correct and complete, and may be used to whatever extent necessary in connection with my application.

______________________________ ______________________________
Signature Date