



PATIENT INFORMATION:

Patient Legal Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Male: \_\_\_ Female \_\_\_ Married \_\_\_ Single \_\_\_

SS# \_\_\_\_\_ Driver's License# \_\_\_\_\_

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

Home Phone#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

How Did You Hear Of Us? \_\_\_\_\_

PARENT/GUARDIAN INFORMATION (if patient is a minor):

Name: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Birth Date: \_\_\_\_\_ SS# \_\_\_\_\_ Drivers License#: \_\_\_\_\_

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

Home Phone#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell# \_\_\_\_\_

DENTAL INSURANCE INFORMATION (Primary):

Policyholder's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_

Policyholder's Home Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group# \_\_\_\_\_

Policy Holder's ID#: \_\_\_\_\_ Employer: \_\_\_\_\_

Patient Relationship to Policyholder: Self \_\_\_ Spouse \_\_\_ Child \_\_\_ Other \_\_\_\_\_

I authorize payment by my insurance company directly to the dentist or Clinton Family Dental. I authorize the use of this signature on all insurance submissions. I authorize Clinton Family Dental to release all information necessary to secure the payment of benefits.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that I am financially responsible for all charges whether or not paid by insurance. If my account must be turned over to a collection agency, a collection fee of 30% of the outstanding balance will be added to my account. In addition, I will be responsible for any legal fees, court cost, and attorney fees.

Signature \_\_\_\_\_ Date \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

Physician's Name, Phone Number and Address \_\_\_\_\_

|   |
|---|
| <b>For Office Use Only</b><br><b>Medical Alerts:</b><br><div style="border: 1px solid black; height: 40px; width: 100%;"></div> |
|---|

|   |  |   |                              |  |                          |                          |                                     |                          |                          |   |                          |                          |                  |  |   |   |  |                              |                          |                          |                              |  |                            |  |  |  |                          |                                  |                              |  |
|---|--|---|------------------------------|--|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|------------------|--|---|---|--|------------------------------|--------------------------|--------------------------|------------------------------|--|----------------------------|--|--|--|--------------------------|----------------------------------|------------------------------|--|
| <b>Sex:</b><br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | <b>If female please answer the following:</b><br><table border="1"> <tr> <td>Y</td> <td>N</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Are you taking Birth Control Pills?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Are you pregnant? If Yes, # of weeks <input type="text"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Are you nursing?</td> </tr> </table> | Y   | N                            |  | <input type="checkbox"/> | <input type="checkbox"/> | Are you taking Birth Control Pills? | <input type="checkbox"/> | <input type="checkbox"/> | Are you pregnant? If Yes, # of weeks <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are you nursing? | <b>Please answer the following:</b><br><table border="1"> <tr> <td>Y</td> <td>N</td> <td></td> <td>Height: <input type="text"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="2">Do you smoke or use tobacco?</td> </tr> <tr> <td colspan="4"><b>For Office Use Only</b></td> </tr> <tr> <td>BP: <input type="text"/></td> <td>Heart Rate: <input type="text"/></td> <td colspan="2">Weight: <input type="text"/></td> </tr> </table> | Y | N |  | Height: <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you smoke or use tobacco? |  | <b>For Office Use Only</b> |  |  |  | BP: <input type="text"/> | Heart Rate: <input type="text"/> | Weight: <input type="text"/> |  |
|   | Y  | N   |                              |  |                          |                          |                                     |                          |                          |   |                          |                          |                  |  |   |   |  |                              |                          |                          |                              |  |                            |  |  |  |                          |                                  |                              |  |
| <input type="checkbox"/>  | <input type="checkbox"/>   | Are you taking Birth Control Pills?                       |                              |  |                          |                          |                                     |                          |                          |   |                          |                          |                  |  |   |   |  |                              |                          |                          |                              |  |                            |  |  |  |                          |                                  |                              |  |
| <input type="checkbox"/>  | <input type="checkbox"/>   | Are you pregnant? If Yes, # of weeks <input type="text"/> |                              |  |                          |                          |                                     |                          |                          |   |                          |                          |                  |  |   |   |  |                              |                          |                          |                              |  |                            |  |  |  |                          |                                  |                              |  |
| <input type="checkbox"/>  | <input type="checkbox"/>   | Are you nursing?  |                              |  |                          |                          |                                     |                          |                          |   |                          |                          |                  |  |   |   |  |                              |                          |                          |                              |  |                            |  |  |  |                          |                                  |                              |  |
| Y   | N  |   | Height: <input type="text"/> |  |                          |                          |                                     |                          |                          |   |                          |                          |                  |  |   |   |  |                              |                          |                          |                              |  |                            |  |  |  |                          |                                  |                              |  |
| <input type="checkbox"/>  | <input type="checkbox"/>   | Do you smoke or use tobacco?                              |                              |  |                          |                          |                                     |                          |                          |   |                          |                          |                  |  |   |   |  |                              |                          |                          |                              |  |                            |  |  |  |                          |                                  |                              |  |
| <b>For Office Use Only</b>  |  |   |                              |  |                          |                          |                                     |                          |                          |   |                          |                          |                  |  |   |   |  |                              |                          |                          |                              |  |                            |  |  |  |                          |                                  |                              |  |
| BP: <input type="text"/>  | Heart Rate: <input type="text"/>   | Weight: <input type="text"/>                              |                              |  |                          |                          |                                     |                          |                          |   |                          |                          |                  |  |   |   |  |                              |                          |                          |                              |  |                            |  |  |  |                          |                                  |                              |  |

| <table border="1"> <thead> <tr> <th>Y</th> <th>N</th> <th>Conditions</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Abnormal Bleeding</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Artificial Heart Valve</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Artificial Joint</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Asthma</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Bisphosphonate Therapy</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Bone Condition</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Congenital Heart Defect</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Diabetes</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Drug Allergy - Other</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Heart Attack</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Heart Surgery</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>High Blood Pressure</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Latex Allergy</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Multiple Myeloma</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Osteoporosis</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Penicillin Allergy</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Radiation Therapy</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Stroke</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Allergies</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Anemia</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Angina Pectoris</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Arthritis</td></tr> </tbody> </table> | Y                        | N                       | Conditions | <input type="checkbox"/> | <input type="checkbox"/> | Abnormal Bleeding | <input type="checkbox"/> | <input type="checkbox"/> | Artificial Heart Valve | <input type="checkbox"/> | <input type="checkbox"/> | Artificial Joint | <input type="checkbox"/> | <input type="checkbox"/> | Asthma | <input type="checkbox"/> | <input type="checkbox"/> | Bisphosphonate Therapy | <input type="checkbox"/> | <input type="checkbox"/> | Bone Condition | <input type="checkbox"/> | <input type="checkbox"/> | Congenital Heart Defect | <input type="checkbox"/> | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | Drug Allergy - Other | <input type="checkbox"/> | <input type="checkbox"/> | Heart Attack | <input type="checkbox"/> | <input type="checkbox"/> | Heart Surgery | <input type="checkbox"/> | <input type="checkbox"/> | High Blood Pressure | <input type="checkbox"/> | <input type="checkbox"/> | Latex Allergy | <input type="checkbox"/> | <input type="checkbox"/> | Multiple Myeloma | <input type="checkbox"/> | <input type="checkbox"/> | Osteoporosis | <input type="checkbox"/> | <input type="checkbox"/> | Penicillin Allergy | <input type="checkbox"/> | <input type="checkbox"/> | Radiation Therapy | <input type="checkbox"/> | <input type="checkbox"/> | Stroke | <input type="checkbox"/> | <input type="checkbox"/> | Allergies | <input type="checkbox"/> | <input type="checkbox"/> | Anemia | <input type="checkbox"/> | <input type="checkbox"/> | Angina Pectoris | <input type="checkbox"/> | <input type="checkbox"/> | Arthritis | <table border="1"> <thead> <tr> <th>Y</th> 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type="checkbox"/></td><td>Glaucoma</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>HIV+ AIDS</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Hepatitis</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Kidney Problems</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Liver Disease</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Low Blood Pressure</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Mitral Valve Prolapse</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Pace Maker</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Psychiatric Problems</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Seizures</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Sinus Problems</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Substance Abuse</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Thyroid Problems</td></tr> </tbody> </table> | Y | N | Conditions | <input type="checkbox"/> | <input type="checkbox"/> | Blood Transfusion | <input type="checkbox"/> | <input type="checkbox"/> | Bruise Easily | <input type="checkbox"/> | <input type="checkbox"/> | Cancer | <input type="checkbox"/> | <input type="checkbox"/> | Chemotherapy | <input type="checkbox"/> | <input type="checkbox"/> | Difficulty Breathing | <input type="checkbox"/> | <input type="checkbox"/> | Emphysema | <input type="checkbox"/> | <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> | <input type="checkbox"/> | Fainting Spells | <input type="checkbox"/> | <input type="checkbox"/> | Frequent Headaches | <input type="checkbox"/> | <input type="checkbox"/> | Glaucoma | <input 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type="checkbox"/></td><td>Erythromycin</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Jewelry</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Latex</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Metals</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Penicillin</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Tetracycline</td></tr> <tr><td colspan="3"><b>Other</b></td></tr> <tr><td colspan="3">_____</td></tr> <tr><td colspan="3">_____</td></tr> <tr><td colspan="3">_____</td></tr> </tbody> </table> | Y | N | Conditions | <input type="checkbox"/> | <input type="checkbox"/> | Tuberculosis | <input type="checkbox"/> | <input type="checkbox"/> | Ulcers | <input type="checkbox"/> | <input type="checkbox"/> | Pain In Jaw Joints | <input type="checkbox"/> | <input type="checkbox"/> | Sleep Apnea | <input type="checkbox"/> | <input type="checkbox"/> | Snoring | <input type="checkbox"/> | <input type="checkbox"/> | Fever Blisters | Y | N | Allergies | <input type="checkbox"/> | <input type="checkbox"/> | Aspirin | <input type="checkbox"/> | <input type="checkbox"/> | Codeine | <input type="checkbox"/> | <input type="checkbox"/> | Dental Anesthetics | <input type="checkbox"/> | <input type="checkbox"/> | Erythromycin | <input type="checkbox"/> | <input type="checkbox"/> | Jewelry | <input type="checkbox"/> | <input type="checkbox"/> | Latex | <input type="checkbox"/> | <input type="checkbox"/> | Metals | <input type="checkbox"/> | <input type="checkbox"/> | Penicillin | <input type="checkbox"/> | <input type="checkbox"/> | Tetracycline | <b>Other</b> |  |  | _____ |  |  | _____ |  |  | _____ |  |  |
|---|--------------------------|-------------------------|------------|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|------------------------|--------------------------|--------------------------|------------------|--------------------------|--------------------------|--------|--------------------------|--------------------------|------------------------|--------------------------|--------------------------|----------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|----------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|--------------|--------------------------|--------------------------|---------------|--------------------------|--------------------------|---------------------|--------------------------|--------------------------|---------------|--------------------------|--------------------------|------------------|--------------------------|--------------------------|--------------|--------------------------|--------------------------|--------------------|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|--------|--------------------------|--------------------------|-----------|--------------------------|--------------------------|--------|--------------------------|--------------------------|-----------------|--------------------------|--------------------------|-----------|--|---|---|------------|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|---------------|--------------------------|--------------------------|--------|--------------------------|--------------------------|--------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|-----------|--------------------------|--------------------------|----------|--------------------------|--------------------------|-----------------|--------------------------|--------------------------|--------------------|--------------------------|--------------------------|----------|--------------------------|--------------------------|-----------|--------------------------|--------------------------|-----------|--------------------------|--------------------------|-----------------|--------------------------|--------------------------|---------------|--------------------------|--------------------------|--------------------|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|----------|--------------------------|--------------------------|----------------|--------------------------|--------------------------|-----------------|--------------------------|--------------------------|------------------|---|---|---|------------|--------------------------|--------------------------|--------------|--------------------------|--------------------------|--------|--------------------------|--------------------------|--------------------|--------------------------|--------------------------|-------------|--------------------------|--------------------------|---------|--------------------------|--------------------------|----------------|---|---|-----------|--------------------------|--------------------------|---------|--------------------------|--------------------------|---------|--------------------------|--------------------------|--------------------|--------------------------|--------------------------|--------------|--------------------------|--------------------------|---------|--------------------------|--------------------------|-------|--------------------------|--------------------------|--------|--------------------------|--------------------------|------------|--------------------------|--------------------------|--------------|--------------|--|--|-------|--|--|-------|--|--|-------|--|--|
| Y   | N                        | Conditions              |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Abnormal Bleeding       |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Artificial Heart Valve  |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Artificial Joint        |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Asthma                  |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Bisphosphonate Therapy  |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Bone Condition          |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Congenital Heart Defect |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Diabetes                |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Drug Allergy - Other    |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Heart Attack            |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Heart Surgery           |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | High Blood Pressure     |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Latex Allergy           |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Multiple Myeloma        |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Osteoporosis            |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Penicillin Allergy      |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Radiation Therapy       |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Stroke                  |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Allergies               |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Anemia                  |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Angina Pectoris         |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Arthritis               |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| Y   | N                        | Conditions              |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Blood Transfusion       |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Bruise Easily           |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Cancer                  |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Chemotherapy            |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Difficulty Breathing    |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Emphysema               |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Epilepsy                |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Fainting Spells         |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Frequent Headaches      |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Glaucoma                |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | HIV+ AIDS               |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Hepatitis               |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Kidney Problems         |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Liver Disease           |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Low Blood Pressure      |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Mitral Valve Prolapse   |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Pace Maker              |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Psychiatric Problems    |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Seizures                |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Sinus Problems          |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Substance Abuse         |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Thyroid Problems        |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| Y   | N                        | Conditions              |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Tuberculosis            |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Ulcers                  |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Pain In Jaw Joints      |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Sleep Apnea             |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Snoring                 |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Fever Blisters          |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| Y   | N                        | Allergies               |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Aspirin                 |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Codeine                 |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Dental Anesthetics      |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Erythromycin            |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Jewelry                 |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Latex                   |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Metals                  |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Penicillin              |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Tetracycline            |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| <b>Other</b>  |                          |                         |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| _____   |                          |                         |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| _____   |                          |                         |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |
| _____   |                          |                         |            |                          |                          |                   |                          |                          |                        |                          |                          |                  |                          |                          |        |                          |                          |                        |                          |                          |                |                          |                          |                         |                          |                          |          |                          |                          |                      |                          |                          |              |                          |                          |               |                          |                          |                     |                          |                          |               |                          |                          |                  |                          |                          |              |                          |                          |                    |                          |                          |                   |                          |                          |        |                          |                          |           |                          |                          |        |                          |                          |                 |                          |                          |           |  |   |   |            |                          |                          |                   |                          |                          |               |                          |                          |        |                          |                          |              |                          |                          |                      |                          |                          |           |                          |                          |          |                          |                          |                 |                          |                          |                    |                          |                          |          |                          |                          |           |                          |                          |           |                          |                          |                 |                          |                          |               |                          |                          |                    |                          |                          |                       |                          |                          |            |                          |                          |                      |                          |                          |          |                          |                          |                |                          |                          |                 |                          |                          |                  |   |   |   |            |                          |                          |              |                          |                          |        |                          |                          |                    |                          |                          |             |                          |                          |         |                          |                          |                |   |   |           |                          |                          |         |                          |                          |         |                          |                          |                    |                          |                          |              |                          |                          |         |                          |                          |       |                          |                          |        |                          |                          |            |                          |                          |              |              |  |  |       |  |  |       |  |  |       |  |  |

Please list all prescription and over-the-counter medications you are currently taking, as well as the condition for which the medication is being taken (Please attach separate medication list if necessary).

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Have you ever been told by a doctor that you need to take antibiotics prior to dental appointments? \_\_\_\_\_

If there are any other diseases, conditions or problems that you think we should be aware of that is not covered above, please describe here: \_\_\_\_\_

By signing below, I attest that I have completed the above information to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_