



2200 Elm Avenue
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PERSONAL HEALTH INFORMATION

Name _____

In Your Own Words, Briefly Describe Your Health: _____

_____ Height _____ Weight _____

Specify Any Limitations (Vision, Hearing, Climbing Steps, Driving, Walker, Wheelchair, Etc...)

Describe Any Allergies Including Reactions To Drugs/Medications:

Describe Major Surgical Procedures, Serious Illnesses Or Hospital Stays (Include Approx. Year)

Are You Presently Under Special Medical Care? If so, Describe:

Have You Been Treated For Depression, Anxiety Or Other Mental Disorders? If So, Describe:

Have You Experienced Symptoms Of Alzheimer's, Parkinson's, Etc...? If So, Describe:

Do You Have Or Have You Had The Following? Tuberculosis ___ Cancer ___ Nervous

Breakdown or Psychiatric Care ___ Anemia ___ Polio ___ Heart Disease or Heart Attack ___

Stroke ___ Diabetes ___ Kidney Disease ___ Paralysis ___ Fractures (If Yes, What Bones) ___

_____ Asthma ___ Arthritis ___ Hernia ___ Alcoholism or Drug Addiction ___



Do You Have a Special Diet? Please Describe: _____

Hospital Insurance

Carriers Name	Address	Type of Benefits
_____	_____	_____
_____	_____	_____

Medicare Number _____ Part A Yes ___ No ___ Part B Yes ___ No ___

Do You Receive Other Supplemental Insurance? If So, Describe: _____

Do You Have Long Term Healthcare Insurance? _____

Physicians

Name	Address	Telephone
_____	_____	_____
_____	_____	_____

Dentist

Name	Address	Telephone
_____	_____	_____

In Case of Emergency, Notify:

Name	Address	Telephone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Additional Remarks Or Clarifications

I Declare the Answers to Be True, Full, And Complete. _____

Signature

Date