



Medical History

Office Use Only
SOF ID#

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Acrostic

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Staff ID#

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12 Has a doctor or other health care provider ever told you that you had:

a. Stroke?

Yes No

Are you currently being treated for this by a doctor? Yes No

b. Diabetes (not borderline)?

Yes No

Are you currently being treated for this by a doctor? Yes No

c. Depression?

Yes No

Are you currently being treated for this by a doctor? Yes No

d. Hyperthyroidism?

Yes No

Are you currently being treated for this by a doctor? Yes No

e. High blood pressure?

Yes No

Are you currently being treated for this by a doctor? Yes No

f. Dementia or Alzheimer's disease?

Yes No

Are you currently being treated for this by a doctor? Yes No

g. Parkinson's disease?

Yes No

Are you currently being treated for this by a doctor? Yes No

h. Other neurological disease?

Yes No

Are you currently being treated for this by a doctor? Yes No

i. Heart attack, coronary, or myocardial infarction?

Yes No

Are you currently being treated for this by a doctor? Yes No

j. Angina (chest pain)?

Yes No

Are you currently being treated for this by a doctor? Yes No

k. Congestive heart failure or enlarged heart?

Yes No

Are you currently being treated for this by a doctor? Yes No

l. Other heart disease?

Yes No

Are you currently being treated for this by a doctor? Yes No

m. Chronic obstructive lung disease, chronic bronchitis, asthma, emphysema, COPD?

Yes No

Are you currently being treated for this by a doctor? Yes No

n. Osteoarthritis or degenerative arthritis?

Yes No **V8EOA**

Are you currently being treated for this by a doctor? Yes No **V8EOAT**

o. Rheumatoid arthritis?

Yes No **V8ERA**

Are you currently being treated for this by a doctor? Yes No **V8ERAT**

Draft

