



# Medical History

Office Use Only  
SOF ID#

Acrostic

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 **V8EDIAB**

Are you currently being treated for this by a doctor?  Yes  No **V8EDIABT**

### c. Depression?

Yes  No

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

### d. Hyperthyroidism?

Yes  No **V8EHTHY\***

Are you currently being treated for this by a doctor?  Yes  No **V8EHTHYT\***

### 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 **V8ECOPD**

Are you currently being treated for this by a doctor?  Yes  No **V8ECOPDT**

### n. Osteoarthritis or degenerative arthritis?

Yes  No

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

### o. Rheumatoid arthritis?

Yes  No

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

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