



Medical History

Office Use Only					Acrostic			Staff ID#		
SOF ID#										

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 **V8EDEPR**

Are you currently being treated for this by a doctor? Yes No **V8EDEPRT**

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 **V8EALZH***

Are you currently being treated for this by a doctor? Yes No **V8EALZHT***

g. Parkinson's disease?

Yes No **V8EPARK***

Are you currently being treated for this by a doctor? Yes No **V8EPARKT***

h. Other neurological disease?

Yes No **V8ENEUR***

Are you currently being treated for this by a doctor? Yes No **V8ENEURT***

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

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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