



Medical History

Office Use Only SOF ID#	<input type="radio"/> MISSING Acrostic
<input type="text"/>	<input type="text"/>

13 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?

Yes No

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

c. High blood pressure?

Yes No

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

d. Dementia or Alzheimer's disease?

Yes No

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

e. Parkinson's disease?

Yes No

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

f. Heart attack, coronary disease, or myocardial infarction?

Yes No

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

g. Blockage of the coronary arteries requiring angioplasty or stenting procedure?

Yes No

h. Congestive heart failure or enlarged heart?

Yes No

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

i. Peripheral vascular disease (intermittent claudication or pain in your legs from a blockage of the arteries)?

Yes No

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

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

Yes No

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

k. Osteoarthritis or degenerative arthritis?

Yes No

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

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