

family history



Patient Medical History

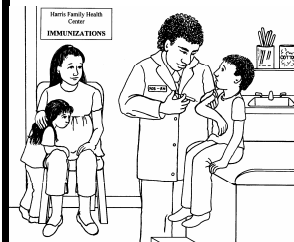
1. Date of last medical exam _____
2. Have you ever been hospitalized for surgery or serious illness?
 ___ Yes ___ No
 If yes, Date Reason Hospital

3. Are you taking any medications?
 ___ Yes ___ No

medical history



allergies

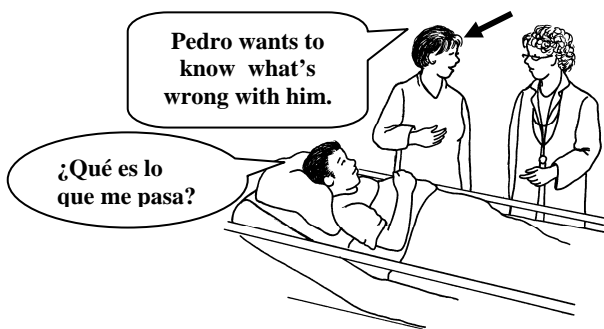


Patient Medical History

1. Date of last medical exam _____
2. Have you ever been hospitalized for surgery or serious illness?
 ___ Yes ___ No
 If yes, Date Reason Hospital

3. Are you taking any medications?
 ___ Yes ___ No

immunization



interpreter



MEDICARE HEALTH INSURANCE

HEALTH CARE FINANCING ADMINISTRATION

NAME OF BENEFICIARY
ROSE B. SCOTT

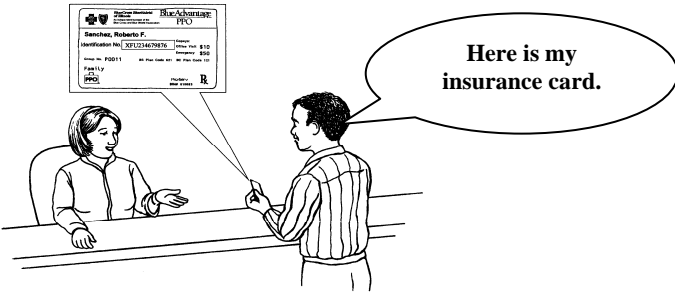
MEDICARE CLAIM NUMBER
123-45-6789-Z

SEX
FEMALE

IS ENTITLED TO EFFECTIVE DATE
HOSPITAL (PART A) 06-01-1994
MEDICAL (PART B) 03-01-2001

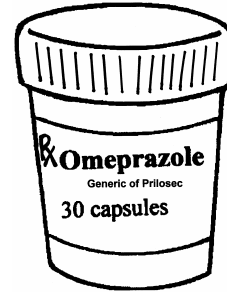
SIGN HERE → *Rose B. Scott*

government health program



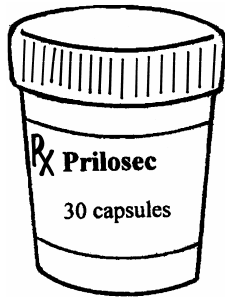
health insurance

\$9.00



generic medication

\$35.00



brand-name medication