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	Ale	you pregna	iant? U f	Yes No	10.00		nursing? Yes	No		
Depression	s No		Genite	ourinary	Yes	<u>cal History</u> No	Pulmonary	Yes	No	
Depression			Kidney	y Problems			Asthma			
Anxiety			Bladde	er Problems			Emphysema			
Other:				ate Problems			Bronchitis			
Neurology				ovascular		ш.				
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Stroke				Disease			Tuberculosis			
Seizures \square			Enlarg	ged Heart			Pneumonia			
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Double Vision			High E	Blood Pressu	ıre□		Endocrine		2555-X	
Head				tology		u u	Diabetes			
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w Lyc Strain	Ц		Arthriti				Gallbladder Disease	-		
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Do you use any tobacco				[Do you	consume any alcohol pro	oducts?			
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Describe any previous i										
	njuries or su	rgeries) had any of the following		200 0		
Glaucoma Ma	njuries or su Has anyo acular Deger	rgeries	Eye Disea		nritis) had any of the following Lupus Diabetes	medical problems? Heart Disease	High Blo	ood Pressu	ıre