GENERAL INFORMATION

FOLDER NAME:

CONFIGURATION:

MR MRS MS | LAST NAME: APELLIDO | FIRST NAME: NOMBRE | MIDDLE:

STREET ADDRESS: DIRECTION | CITY, STATE, ZIP: CIUDAD, ESTADO, ZONA

DOB: NACIMIENTO | AGE: EDAD | SEX: ☐ MALE ☐ FEMALE SEXO | DATE OF INJURY: FECHA DE ACCIDENTE | DATE OF EXAM: FECHA DE HOY

HOME PHONE: TELEPHANO DE CASA | WORK PHONE: | OCCUPATION: | EMPLOYER:

SINCE? DES DE CUANDO | SOCIAL SECURITY: SEGURO SOCIAL | WCAB# | VENUE: | APPLICATION NO.:

ATTORNEY: ABOGADO | PHONE: TELEPHONO

STREET ADDRESS: DIRECTION | SUITE: CUARTO | CITY, STATE, ZIP: CIUDAD, ESTADO, ZONA

PAST MEDICAL HISTORY: HISTORICA MEDICA PASADA

ALLERGIES: ALERGIAS ☐ ASPIRIN ASPIRINA ☐ CATS GATOS ☐ CERTAIN FOODS COMIDAS ☐ PENICILLIN ☐ DUST POLVO ☐ CODEINE

☐ POLLEN ☐ SULFUR ☐ TETANUS TOXOID ☐ TETRACYCLINE ☐ OTHER:

DO YOU DRINK ALCOHOL? TOMA ALCOL? YES NO | DO YOU SMOKE? FUMA? ☐ NO ☐ 1/DAY ☐ 2-3/DAY ☐ 1/2 PK ☐ 1 PK ☐ 2 PK ☐ 3 PK

STATUS: ☐ SINGLE SULTORO(A) ☐ MARRIED CASADO(A) ☐ SEPARATED SEPARADO(A) ☐ DIVORCED DIVORCIADO(A) ☐ WIDOW VID | NO. OF CHILDREN: # HIJOS _____ | EDUCATION: _____ GRADE OR _____ YR(S) OF COLLEGE

HOBBIES: DEPORTES | FAMILY HISTORY

	ONCE IN A WHILE	OCCASIONALLY	OFTEN	FREQUENT	VERY OFTEN	ILLNESSES	MOTHER	FATHER	OTHER
JOGGING	☐	☐	☐	☐	☐	DIABETES	☐	☐	☐
READING	☐	☐	☐	☐	☐	TUBERCULOSOUS	☐	☐	☐
SPORTS:	☐	☐	☐	☐	☐	CANCER	☐	☐	☐
SKIING	☐	☐	☐	☐	☐	HYPERTENSION	☐	☐	☐
SWIMMING	☐	☐	☐	☐	☐	HEART DISEASE	☐	☐	☐
_____	☐	☐	☐	☐	☐	PEPT ULCER	☐	☐	☐
_____	☐	☐	☐	☐	☐	ARTHRITIS	☐	☐	☐
_____	☐	☐	☐	☐	☐	_____	☐	☐	☐
_____	☐	☐	☐	☐	☐	_____	☐	☐	☐