COLLEGE OF SOUTHERN NEVADA

HEALTH HISTORY QUESTIONNAIRE

Address	Patient Name(Last)			(Last)	(First) (Init			itial)	Age	Sex	
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In Case of Emergency, Notify:	Telep	hone	#		Date of Bi	rth			NSHE ID #		
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Color blindness Broken bones Ear, Nose, Throat trouble Tumor, growth, cyst, cancer Hearing loss or hearing aid Rupture or hernia Data Alcohol abuse Frequent or painful urination Data Drug abuse Sugar or albumin in urine Data Hay Fever/Sinusitis/Colds Diabetes Data Head injury Diabetes Data Head injury Diabetes Data Thyroid trouble Recent gain or loss of weight Data Thyroid trouble Recurrent back pain Data Coughed up blood Recurrent back pain Data Shortness of breath Trick" or locked knee Data Palipitation or pounding heart Depression or excessive worry Data Head right or low blood pressure Nervous or mental disorder Data Palpitation or pounding heart Depression or excessive worry Data Hear trouble Nervous or mental disorder Data Palpitation or secures Nervous or mental disorder Data Palpitation or secures Depression or excessive worry Data Heart trouble Depression o				Dizziness or fainting spells							
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Image: Sugar or albumin in urine Image				Alcohol abuse					Frequent or pa	ainful urination	
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Explain "YES" answers as necessary:									•		
Explain "YES" answers as necessary:											
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	Explai	in "YES	5″ answers	as necessary:		_ Signo	d.				

PHYSICAL EXAMINATION

(Page 1 - completed by student. Page 2 – completed by the healthcare provider.)

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