Good Samaritan Health Center of Gwinnett	Today's Date:					
Name (Nombre)	**Age (Edad)**		**Date of Birth (Fecha de nacimiento)**			
Have you ever had the following (Tiene usted)?	**Yes**	**No**	**Have you ever been hospitalized? (Hospitalizaciones)**			
Tuberculosis			**Date (fecha)**	**Problem (problema)**		
Rheumatic Fever (fiebre reumatica)			1			
Sexual disease (enfermedades sexuales)			2			
Anemia			3			
Cancer or Tumor			**Habits/Lifestyle (Habitos Personales)**		**Yes**	**No**
Sugar Diabetes (diabetis)			Do you smoke? (Fuma?)			
Heart Attack (ataque cardiaco)			How many/day? (Cuantos por dia?)			
High Blood Pressure (presion alta)			Do You Drink Alcohol? (Toma alcohol?)			
Stroke (ataque de apoplejia)			Do you drink Caffeine? (Toma cafeina?)			
Heart Murmur (soplo cardiaco)			Do you use drugs? (Usa drogas ilegalas?)			
Asthma (asma)			Have you lost weight? (Perdida de peso?)			
Emphysema (enfisema)			Have you gained weight? (Aumento de peso?)			
Bronchitis (bronquitis)			Do you exercise? (Hace ejercicio?)			
Pneumonia (pulmonia)			Are you forced to have sex?		**Yes**	**No**
Allergies, Hay fever, Sinus (alergias)			(Le obligan tener sexo?)		**Yes**	**No**
Ulcer (ulceras)			Are you physically abused?		**Yes**	**No**
Yellow Jaundice (piel amarillo)			(La estan abusando fisicamente?)		**Yes**	**No**
Hernia			Have you ever been pregnant? (Embarazos?)		**Yes**	**No**
Goiter (problemas de bocio)			How many times? (Cuantos embarazos?)			
Thyroid problems (problemas de tiroide)			How many children now? (Cuantos hijos viven?)			
Seizures, Convulsions (convulsionses)			**Family Medical History**	**Relation**	**Yes**	**No**
Nervous Condition (condicion nerviosa)			**Historia Familia**	**Relacion**		
Arthritis (artritis)			Tuberculosis			
Gout (gota)			High Blood Pressure			
Blood Clot in Leg (coagulo en la pierna)			(presion alta)			
Kidney Infection (infeccion de vejiga o rinones)			Heart Trouble			
Kidney Stones (piedras en el rinon)			(problemas del corazon)			
Bladder Infection (infeccion de vejiga o rinones)			Kidney Disease			
Other disease not listed (alguna otra entermedad)			(problemas en el rinon)			
1			Diabetes (diabetis)			
2			Cancer or Tumor			
Reaction to medications (reacciones a medicinas)	**Yes**	**No**	Anemia/ Low blood (sangre baja)			
If yes, which medications? (que medicamentos)			Gallbladder (vesicula)			
1			Asthma (asma)			
2			Thyroid (tiroide)			
Does anything prevent you from living a healthy lifestyle?			Glaucoma			
(Hay algo que te previene vivir una vida sana?)			Mental Health Problems			
			(problema mental)			
			Others (otro)			
Any reason why you cannot follow a doctor's advice?						
(Alguna razon por la que no puedes sequir las instrucciones?)			**Anything you want us to know?** (Algo que usted quiere que sepamos?)			

Contraception:_____Number of Partners in the last six months?_____Lifetime?_____Men/Women/Both

Toma anticonceptivas?_____ Numero de parejas en los ultimos seis meses_____ Toda tu Vida____ Hombre/Mujer/Ambos