SOCIAL SERVICES AGENCY OF ALAMEDA COUNTY GENERAL ASSISTANCE PROGRAM - HEALTH QUESTIONNAIRE

If the answer is "NO", explain why: CLINICAL HISTORY: Do you have or DIOVASCULAR Enlarged heart Heart problems or heart attacks High or low blood pressure Pain or pressure in the chest Palpitations or pounding of the heart Rheumatic fever	r have	you e	ever had any of the following problems:		<u> </u>
EDIOVASCULAR Enlarged heart Heart problems or heart attacks High or low blood pressure Pain or pressure in the chest Palpitations or pounding of the heart					
Enlarged heart Heart problems or heart attacks High or low blood pressure Pain or pressure in the chest Palpitations or pounding of the heart	Yes	INO	NEUROLOGICAL		_
Heart problems or heart attacks High or low blood pressure Pain or pressure in the chest Palpitations or pounding of the heart				Yes	N
High or low blood pressure Pain or pressure in the chest Palpitations or pounding of the heart		+	34 Balance problems 35 Epilepsy, convulsions or seizures		-
Pain or pressure in the chest Palpitations or pounding of the heart			36 Frequent or serious headaches		+
Palpitations or pounding of the heart			37 Head injuries or loss of consciousness		+
					+
Kneumatic level			38 Loss of memory or amnesia		_
			39 Difficulty in concentration or		
Heart murmur			following instructions?		$\overline{}$
Swelling of feet or ankles			40 Paralysis, numbness		
Varicose veins			VISION AND HEARING		$\overline{}$
Fainting spells			41 Color blindness		+
Abnormal blood test or EKG			42 Double or blurred vision		+
SPIRATORY			43 Glaucoma, cataracts, other eye trouble		+
Asthma or wheezing			44 Artificial eye		+
Shortness of breath			45 Corrective ocular surgery		_
Chronic cough /hoarseness			46 Hearing loss		+
Emphysema			47 Hearing aid		丄
Coughed up blood			MISCELLANEOUS	ı	_
Abnormal chest x-ray or TB skin test			48 Drinks alcohol: number of drinks a day		4
ASTROINTESTINAL			49 Drug or narcotic use		4
Jaundice, hepatitis or cirrhosis			50 In treatment for drug or alcohol abuse		_
Piles or rectal bleeding			51 Attempted suicide		
Stomach, liver or intestinal trouble			52 Suicidal thoughts		
Ulcers			53 Disabled, hospitalized, or treated for		
JSCULO-SKELETAL			emotional or mental disorders?		
Fractured/broken bones			54 Depression		
Arthritis or rheumatism			55 Frequent trouble sleeping		
Back surgery			56 Nervous trouble of any sort		
Bone, joint, or other deformity of the back			57 Used tranquilizers		
Treatment for back strain or pain			58 Smokes: Number of packages a day;		
Leg cramps			Number of years you have smoked:		
Painful or trick knee, shoulder, elbow			59 Recent weight gain or loss		
Rupture or hernia			60 Skin condition or rash		
Spinal curvature, scoliosis			61 Severe tooth or gum trouble		
Swollen or painful joints			62 Are you seeing a doctor?		
Worn brace for back support					
Worn neck brace or collar					
Nama					
Name: GIVE DETAILS OF "YES" ANSWERS A	ROVE	/liet h	/ numbor):		
GIVE DETAILS OF TES ANSWERS A	DUVE	(list b)	y number).		

63 Any allergy (inc. medication, food) 64 Hay fever ENDOCRINE - HEMATOLOGICAL 65 Sickle Cell Anemia 66 Diabetes 67 Goter or thryroid trouble 68 Diabetes 69 Cancer 70 Chemotherapy 71 Cobalt or other radiation treatment 72 Cyst or tumor 68 ENINTAL or RUTNARY 73 Renal disease 74 Bladder tumor or problems 75 Blood in the urine 69 Cancer 75 Did you, or do you, have any disease or of disease's 76 Order of the female organs? 77 Did you, or do you, have any disease or of disease's 78 Have you currently taking medication? 80 Has a medical provider advised you to have any surgieries? 81 Is there anything about your health that is bothering you now? 82 Were you ever health all south your health that is bothering you now? 83 Have you lost time from work because of all interest in that is tothering you now? 84 Have you ever health all south your health that is tothering you now? 85 Have you ever health and you health that is tothering you now? 86 Have you ever health and you have any disease or disorder of the female organs? 86 Have you ever health and you have any disease or disorder of the female organs? 87 Blood in the urine 88 Have you ever health and you have any disease or disorder of the female organs? 88 Have you ever health and you have any disease or disorder of the female organs? 89 Have you currently taking medication? 80 Has a medical provider advised you to have any surgieries? 91 Is there anything about your health that is bothering you now? 92 Were you ever health and you health that is bothering you now? 93 Have you ever health? 94 Have you ever health and you health that is bothering you now? 95 Have you ever health? 96 Have you ever health and you health that is othering you	ALLE	RGIC	Yes	No	WOR	RK HEALTH HISTORY	Yes	No
64 Hay fever	63	Any allergy (inc. medication, food)			86	Have you ever filed a claim for a work injury,		
65 Sickle Cell Anemia 66 Diabetes 67 Goiter or thyroid trouble 68 Sugar in urine 68 Sugar in urine 69 Cancer 70 Chemotherapy 71 Cobalt or other radiation treatment 72 Cyst or tumor 69 Cancer 73 Renal disease 74 Bladder tumor or problems 75 Blood in the urine 76 Bladder tumor or problems 77 Blood on the urine 77 Did you, or do you, have any disease or disorder of the female organs? 78 ADDITIONAL HISTORY 78 Have you ever head a disabiling 79 Are you currently taking medication? 80 Has a medical provider advised you to have any surgeries? 81 Is there anything about your health that is bothering you now? 82 Were you ever head a disabiling 84 or disease 85 Have you ever head a disabiling 86 or disease 97 A paintul or previously injured back? 98 Have you died anything about you to have any surgeries? 99 Have you filed any law suits or claimed damages because of injury that affects your health? 91 Have you ever head a disabiling 91 Have you ever head a disabiling 92 Inability to chemicals, dust, sumipth, etc.? 93 Inability to chemicals, dust, sumipth, etc.? 94 Inability to perform contain motions? 95 Inability to seasure certain positions? 96 Inability to perform or ords were from work because of an illness or injury in the last 5 years? 97 Are you currently taking medication? 98 Have you died anything about your health that is bothering you now? 99 Have you ever head a disabiling 90 Have you ever head a disabiling 91 Have you ever head: 91 Last Tis sain test: 93 Have you filed any law suits or claimed damages because of injury that affects your health? 94 Last test kent x-ray 94 Last thest x-ray 95 Last Tis skin test: 96 Last Tis skin test: 99 Last: 99 Last Tis skin test: 99 Last: 90 Last Tis skin test: 99 Last: 90 Last Tis skin test: 1 Last Tis skin test: 2						disease or accident?		
66 Diabetes 38 Have you ever held a dusty job such as sandhasting, or working with materials such as asabsets or silica? 68 Sugar in urine 89 Have you ever held a job that required 90 Have you ever held a job that required 91 Have you ever held a job that required 92 Have you ever held a job that required 93 Have you ever held a job that required 94 Have you ever held a job that required 95 Have you ever held a job that required 96 Have you ever held a job that required 97 Have you ever held a job that required 98 Have you ever held a job that required 99 Have you ever held a job that required 99 Have you ever held a job that required 99 Have you ever held a job that required 99 Have you ever held a job that required 99 Have you ever head used 99 Have you lost the from the required that is bottleng you now pregnant? 91 Have you lost time from work because of an illness or injury in the last 5 years? 91 Have you lost time from work because of an illness or injury in the last 5 years? 91 Have you lost time from work because of an illness or injury in the last 5 years? 92 Have any blood relatives ever had: 93 Have any blood relatives ever had: 93 Have any blood relatives ever had: 94 Have you lost time from work because of injury that affects your health that is bothering you now; 94 Have you ever heaptitalized? 95 Have you ever heaptitalized? 95 Have you ever heaptitalized? 96 Have you ever heaptitalized? 97 Have you ever heaptitalized? 98 Have you ever heaptitalized? 98 Have you ever heaptitalized? 99 Have you ever	END	OCRINE – HEMATOLOGICAL			87	Were you ever exposed regularly to substances		
86 Sugar in urine ABNORMAL GROWTH 69 Cancer 70 Chemotherapy 71 Cobatt or other radiation treatment 72 Cyst or tumor GENITAL or URINARY 73 Renal disease 74 Bladder tumor or problems 75 Blood in the urine GYNECOLOGICAL (Women only) 76 Are you now pregnant? 77 Did you, or do you, have any disease or disorder of the female organs? 78 Have you ever healt a disabling or disease? 79 Are you currently taking medication? 80 Have you lost time from work because of an illness or injury in the last 5 years? 79 Are you currently taking medication? 80 Has a medical provider advised you to have any surgeries? 81 Is there anything about your health that is bothering you now? 82 Were you ever hospitalized? (Medical, surject, heysriter problems) 83 Have you flied any law suits or claimed damages because of injury that affects your health? 84 Have you ever health? 85 Have you ever health? 86 Have you ever health? 87 Family HEALTH HISTORY 88 Have you list time from work because of an illness or injury in the last 5 years? 89 Have any blood relatives ever had: 80 List relationship, (Parents, brothers, sisters, children) 80 Diabetes 80 List relationship, (Parents, brothers, sisters, children) 81 Diabetes 82 Have you lifted any law suits or claimed damages because of injury that affects your health? 84 Have you ever been: 85 Have you ever been: 86 Have you ever been: 86 Have you ever been: 87 Family HEALTH HISTORY 98 Have any blood relatives ever had: 89 List relationship, (Parents, brothers, sisters, children) 80 Has a medical provider advised you to have any surgeries? 81 Have you ever been: 82 Have you lead time from work because of injury that affects your health? 83 Have you lead time from work because of injury that affects your health? 84 Have you ever been: 85 Have you ever been: 86 Have you ever been: 87 Family HEALTH HISTORY 98 Have any blood relatives ever had: 99 List relationship, (Parents, brothers, sisters, children) 99 List relationship, (Parents, brothers, sisters, ch	65	Sickle Cell Anemia				which irritated your skin?		
ABNORMAL GROWTH 68 Cancer 70 Chemotherapy 71 Cobalt or other fadiation treatment 72 Cyst or turnor 68 Cancer 79 Chemotherapy 73 Renal disease 75 Blood in the urine 76 Are you now pregnant? 77 Didyou, or do you, have any disease or disease? 78 Have you ever held a disabling or disease? 79 Are you currently taking medication? 89 Have you ever been unable to hold a job, or denied employment because of: 89 Inability to elemicals, dust, surilight, etc.? 89 Inability to perform carian motions? 10 Apaintul or previously injured back? 91 Was your work ever limited or restricted because of of NECOLOGICAL (Women only) 92 Have you lost time from work because of an illness or injury in the last 5 years? ADDITIONAL HISTORY 78 Have you ever had a disabling or disease? 79 Are you currently taking medication? 80 Has a medical provider advised you to have any surgeries? 81 Is there anything about your health that is bothering you now? 82 Were you ever hose patistized? (Medical, surgical, psychiatric problems) 83 Have you filed any law suits or claimed damages because of injury that affects your health? 84 Have you ever heed in the form with the microsity in the last 5 years? 85 Have you lever hospitalized? 86 Have you ever hospitalized? 87 Inability to assume certain positions? 88 Have any blood relatives ever had: 89 Is there anything about your health that is bothering you now? 89 Inability to assume certain positions? 90 Inability to assume certain positions? 91 Have any united because of an inition from my record for the use of the Alameda County Social Services Agency.	66	Diabetes			88	Have you ever held a dusty job such as		
ABNORMAL GROWTH 89 Cancer 70 Chemotherapy 71 Cobatt or other radiation treatment 72 Cyst or tumor 6ENTAL or URINARY 73 Renal disease 74 Bladder tumor or problems 75 Blood in the unit of the male organs? 76 TO DIO you, or do you, have any disease or disorder of the female organs? 77 DI dyou, or do you, have any disease or disorder of the female organs? 78 Have you ever had a disabling or disease? 79 Are you currently taking medication? 80 Has a medical provider advised you to have any surgeries? 81 Is there anything about your health that is bothering you now? 82 Were you ever hospitalized? 83 Have you fleed any law suits or claimed damages because of injury that affects your health? 84 Have you ever received or applied plan to apply for pension or compensation for dissability? 85 Have you ever rescalability? 86 Have you ever rescalability? 86 Have you ever rescalability? 87 Had a prolonged spisode of diarrhea recently? 88 GIVE DETAILS OF "YES" ANSWERS ABOVE (list by number): 89 I have you flet on the last of requested information from my record for the use of the Alameda County Social Services Agency.	67	Goiter or thyroid trouble				sandblasting, or working with materials such as		
68 Cancer 70 Chemotherapy 71 Cobalt or other radiation treatment 72 Cyst or turnor 65 CRINTAL or URINARY 73 Renal disease 74 Bladder turnor or problems 75 Blood in the urine 75 Blood in the urine 76 Are you now pregnant? 77 Did you, or do you, have any disease or disorder of the female organs? ADDITIONAL HISTORY 78 Have you very head a disabling or disease? 79 Are you currently taking medication? 80 Has a medical provider advised you to have any surgeries? 81 Is there anything about your health that is bothering you now? 82 Were you ever head you very head all you your work new for incompany that affects your health? 83 Have you filed any law suits or claimed damages because of injury that affects your health? 84 Have you ever respectived or applied plan to apply for pension or compensation for disability? 85 Have you ever been: Tested HIV positive? Recently had a persistent cough? Recently had a persistent	68	Sugar in urine				asbestos or silica?		
68 Cancer 70 Chemotherapy 71 Cobalt or other radiation treatment 72 Cyst or turnor 65 CRINTAL or URINARY 73 Renal disease 74 Bladder turnor or problems 75 Blood in the urine 75 Blood in the urine 76 Are you now pregnant? 77 Did you, or do you, have any disease or disorder of the female organs? ADDITIONAL HISTORY 78 Have you very head a disabling or disease? 81 Is there anything about your health that is bothering you now? 81 Is there anything about your health that is bothering you now? 82 Were you ever head you were hose all psychiatric problems) 83 Have you filed any law suits or claimed damages because of injury that affects your health? 84 Have you lever hose place or organized for sphilie; 85 Have you ever head comply and the psychiatric problems) 86 Have you over respective or applied plan to apply for pension or compensation for disability? 86 Have you ever been: Tested HIV positive? Recently had a persistent cough? Had as prolonged episode of diarmea recently? GIVE DETAILS OF "YES" ANSWERS ABOVE (list by number): Thereby authorize the release of requested information from my record for the use of the Alameda County Social Services Agency.	ABN	ORMAL GROWTH			89	Have you ever held a job that required		
71 Cobalt or other radiation treatment 72 Cyst or turmor 6ENITAL or URINARY 73 Renal disease 74 Bladder tumor or problems 75 Blood in the urine 75 Blood in the urine 76 Are you now pregnant? 77 Did you, or do you, have any disease or disorder of the female organs? 78 Have you ever had a disabiling 79 Are you currently taking medication? 80 Has a medical provider advised you to have any surgeries? 81 Is there anything about your health that is bothering you now? 82 Were you ever hospitalized? 83 Have you filed any law suits or claimed damages because of injury that alfects your health? 84 Have you ever received or applied plan to apply for pension or compensation for disability? 85 Have you ever heen: 86 Tested Hill yositive? 86 Diagnosed for syphilis? 87 Recently had a persistent cough? 88 Have you ever hospitalized? 89 Has a medical provider advised you to have any surgeries? 89 Has a medical provider advised you to have any surgeries? 80 Has a medical provider advised you to have any surgeries? 81 Is there anything about your health that is bothering you now? 82 Were you ever hospitalized? 83 Have you ever received or applied plan to apply for pension or compensation for disability? 84 Have you ever received or applied plan to apply for pension or compensation for gleow eyes or skin? 85 Have you ever been: 86 Tested Hill yositive? 87 Diagnosed for syphilis? 88 Have you ever been: 89 Has the start plan to the file of the provider advised you have the file of the provider advised your hand have you file and the file of the provider advised your hand have you	69	Cancer						
72 Cyst or tumor GENITAL or URINARY 73 Renal disease 74 Bladder tumor or problems 75 Blood in the urine 67NECOLOGICAL (Women only) 76 Are you now pregnant? 77 Did you, or do you, have any disease or disorder of the female organs? ADDITIONAL HISTORY 78 Have you ever had a disabling or disease? 91 Are you currently taking medication? 80 Has a medical provider advised you to have any surgeries? 81 Is there anything about your health that is bothering you now? 82 Were you ever hospitalized? 83 Have you filed any law suits or claimed damages because of injury that affects your health? 84 Have you ever received or applied plan to apply for pension or compensation for disability? 85 Have you ever received or applied plan to apply for pension or compensation for disability? 86 Have you ever been: Tested Hilly positive? Diagnosed for syphilic? Recently had a persistent cough? Had dark urine, or yellow eyes or skin? Had a protonged episode of diarrhea recently? GIVE DETAILS OF "YES" ANSWERS ABOVE (list by number):	70	Chemotherapy			90	Have you ever been unable to hold a job,		
GENITAL or URINARY 73 Renal disease 74 Bladder tumor or problems 75 Blood in the urine 75 Blood in the urine 76 Are you now pregnant? 77 Did you, or do you, have any disease or disorder of the female organs? 78 Have you ever had a disabling or disease? 79 Are you currently taking medication? 80 Has a medical provider advised you to have any surgeries? 81 Is there anything about your health that is bothering you now? 82 Were you ever hospitalized? 93 (Medical, surgical, psychiatric problems) 83 Have you filed any law suits or claimed damages because of injury that affects your health? 94 Have you filed any law suits or compensation for disability? 85 Have you ever received or applied plan to apply for pension or compensation for disability? 86 Have you ever facelived and plan to apply for pension or compensation for disability? 87 Have you ever been: 88 Have you ever facelived or applied plan to apply for pension or compensation for disability? 89 Have you ever facelived any law suits or claimed damages because of injury that affects your health? 90 Has a proinaged for syphilis? 80 Have you ever facelived or applied plan to apply for pension or compensation for disability? 81 Have you ever facelived or applied plan to apply for pension or compensation for disability? 82 Have you ever deen: 83 Have you ever facelived or applied plan to apply for pension or compensation for disability? 84 Have you ever facelived or applied plan to apply for pension or compensation for disability? 85 Have you ever deen: 86 Have you ever facelived or disability? 86 Have you ever facelived or applied plan to apply for pension or compensation for disability? 87 Have any blood relatives ever had: 88 List relationship. (Parents,brothers, yes No sisters, children) 89 Have any blood relatives ever had: 80 List relationship. (Parents,brothers, yes No sisters, children) 80 Have any blood relatives ever had: 81 List relationship. (Parents,brothers, yes No sisters, children) 81 Have any blood relatives ever had: 82 Have any blood relatives ev	71	Cobalt or other radiation treatment				or denied employment because of:		
73 Renal disease 74 Bladder tumor or problems 75 Blood in the urine 77 Blood in the urine 78 A painful or previously injured back? 79 Are you now pregnant? 79 Did you, or do you, have any disease or disorder of the female organs? 79 Are you cwer had a disabling 79 Are you currently taking medication? 80 Has a medical provider advised you to have any surgeries? 81 Is there anything about your health that is bothering you now? 82 Were you ever healtized? 83 Have you lifled any law suits or claimed damages because of injury that affects your health? 84 Have you ever hersion or compensation for disability? 85 Have you ever hespitie? 86 Have you ever health? 86 Have you ever health? 87 Have any blood relatives ever had: 88 Last cheet anything about your health that is bothering you now? 89 User you ever healtland that is bothering you now? 80 Have you lifled any law suits or claimed damages because of injury that affects your health? 81 Have you ver received or applied plan to apply for pension or compensation for disability? 82 Have you ever heen: 83 Have you ever heen: 84 Have you ever heen: 85 Have you ever health? 86 Have you ever heen: 86 Have you ever heen: 87 Have any blood relatives ever had: 88 Have you leath have any suits or claimed damages because of injury that affects your health? 89 Have you ever heen: 80 Have you ever heen: 80 High blood pressure 80 Jaucoma 81 High blood pressure 82 Jaucoma 83 Have you leath? 84 Have you ever heen: 85 Have you ever heen: 86 High blood pressure 99 Jaucoma 99 Jaucoma 99 Jaucoma 90 Jaucoma 90 Jaucoma 90 Jaucoma 90 Jaucoma 90 Jaucoma 91 Jaucoma 91 Jaucoma 92 Jaucoma 93 Jaucoma 94 Last thest x-ray 94 Last thest x-ray 95 Jaucoma 96 Jaucoma 97 Jaucoma 98 Jaucoma 99 Jaucoma 99 Jaucoma 90 Jaucoma 90 Jaucoma 90 Jaucoma 91 Jaucoma 91 Jaucoma 91 Jaucoma 92 Jaucoma 93 Jaucoma 94 Last thest x-ray 94 Last thest x-ray 95 Jaucoma 96 Jaucoma 97 Jaucoma 98 Jaucoma 98 Jaucoma 99 Jaucoma 99 Jaucoma 99 Jaucoma 99 Jaucoma 90 Jaucoma 90 Jaucoma 90 Jaucoma 90 Jaucoma 90 Jaucoma 91 Jaucoma 91	72	Cyst or tumor				Sensitivity to chemicals, dust, sunlight, etc.?		
74 Bladder tumor or problems 75 Blood in the urine GYNECOLOGICAL (Women only) 76 Are you now pregnant? 77 Did you, or do you, have any disease or disorder of the female organs? ADDITIONAL HISTORY 78 Have you ever had a disabling or disease? 79 Are you currently taking medication? 80 Has a medical provider advised you to have any surgeries? 81 Is there anything about your health that is bothering you now? 82 Were you ever hospitalized? (Medical, surgical, psychiatric problems) 83 Have you fleid any law suits or claimed damages because of injury that affects your health? 94 Last chest x-ray Dalgnosed for syphilis? 85 Have you ever been: Tested HIV positive? Diagnosed for syphilis? Recently had a persistent cough? Had ary prolonged episode of diarrhea recently? GIVE DETAILS OF "YES" ANSWERS ABOVE (list by number): A painful or previously injured back? Other medical reasons? 91 Ave you lost time from work because of health? 92 Have you lost time from work because of an injury in the last 5 years? Have any blood relatives ever had: List relationship. (Parents, brothers, Se No sisters, children) Diabetes Cancer List relationship. (Parents, brothers, Se No sisters, children) Diabetes Cancer Hear Disease Glaucoma High blood pressure UBERCULOSIS (TB) TEST: TUBERCULOSIS (TB) TEST: TUBERCULOSIS (TB) TEST: Results: Last Tb skin test: Date: Results: Last Tb skin test: Date: Results: Last Tb skin test: Date: Results: List Paskin test: Results: List Pas	GENI	TAL or URINARY			_	Inability to perform certain motions?		
75 Blood in the urine GYNECOLOGICAL (Women only) 76 Are you now pregnant? 77 Did you, or do you, have any disease or disorder of the female organs? ADDITIONAL HISTORY 78 Have you ever had a disabling or disease? 79 Are you currently taking medication? 80 Has a medical provider advised you to have any surgeries? 81 Is there anything about your health that is bothering you now? 82 Were you ever hospitalized? 83 Have you filed any law suits or claimed damages because of injury that affects your health? 84 Have you ever received or applied plan to apply for pension or compensation for disability? 85 Have gou ever been: Tested HIV positive? Biognosed for syphilis? Recently had a persistent cough? Had dark urine, or yellow eyes or skin? Had a prolonged episode of diarrhea recently? I hereby authorize the release of requested information from my record for the use of the Alameda County Social Services Agency.	73	Renal disease				Inability to assume certain positions?		
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76 Are you now pregnant? 77 Did you, or do you, have any disease or disorder of the female organs? ADDITIONAL HISTORY 78 Have you ever had a disabling or disease? 79 Are you currently taking medication? 80 Has a medical provider advised you to have any surgeries? 81 Is there anything about your health that is bothering you now? 82 Were you ever hospitalized? (Medical, surgical, psychiatric problems) 83 Have you got be ecuase of injury that affects your health? 84 Have you ever received or applied plan to apply for pension or compensation for disability? 85 Have you ever been: Tested HIV positive? Diagnosed for syphilis? Recently had a presistent cough? Had dark urine, or yellow eyes or skin? Had a prolonged episode of diarrhea recently? GIVE DETAILS OF "YES" ANSWERS ABOVE (list by number): of health? Have you lost time from work because of an illness or injury in the last 5 years? Have you lost time from work because of an illness or injury in the last 5 years? FAMILY HEALTH HISTORY 93 Have any blood relatives ever had: List relationship. (Parents, brothers, sisters, children) Diabetes Cancer Tuberculosis Heart Disease Glaucoma High blood pressure Intelled Are the stream of the last 5 years? TUBERCULOSIS (TB) TEST: Pate: Results: Res	75	Blood in the urine				Other medical reasons?		
77 Did you, or do you, have any disease or disorder of the female organs? ADDITIONAL HISTORY 78 Have you ever had a disabling or disease? 79 Are you currently taking medication? 80 Has a medical provider advised you to have any surgeries? 81 Is there anything about your health that is bothering you now? 82 Were you ever hospitalized? (Medical, surgical, psychiatric problems) 83 Have you filed any law suits or claimed damages because of injury that affects your health? 84 Have you ever been: Tested HIV positive? Diagnosed for syphilis? Recently had a presistent cough? Had dark urine, or yellow eyes or skin? Had a prolonged episode of diarrhea recently? GIVE DETAILS OF "YES" ANSWERS ABOVE (list by number): 92 Have you lost time from work because of an illness or injury in the last 5 years? 84 Have you ever had: 95 Have you ever had: 96 Have you ever had: 97 Have you lost time from work because of an illness or injury in the last 5 years? 98 Have any blood relatives ever had: 99 Have any blood relatives ever had: 99 Have any blood relatives ever had: 90 Have any blood relatives ever had: 90 Have any blood relatives ever had: 91 Have any blood relatives ever had: 92 Have any blood relatives ever had: 93 Have any blood relatives ever had: 94 Last cheat Halbart HISTORY 10 Jace For Halbart HISTORY 11 Jace For Halbart HISTORY 94 Last chest x-ray 95 Date: 85 Have you ever been: 12 Last TB skin test: 13 Date: 86 Results: 14 Jace For Halbart HISTORY 15 Jace For Halbart HISTORY 16 Jace For Halbart HISTORY 17 Jace For Halbart HISTORY 18 Have any blood relatives ever had: 19 Jace For Halbart HISTORY 19 Jace For Halbart HISTORY 10 Jace For Halbart HISTORY 10 Jace For Halbart HISTORY 10 Jace For Halbart HISTORY 11 Jace For Halbart HISTORY 11 Jace For Halbart HISTORY 12 Jace For Halbart HISTORY 13 Jace For Halbart HISTORY 14 Jace For Halbart HISTORY 15 Jace For Halbart HISTORY 16 Jace For Halbart HISTORY 17 Jace For Halbart HISTORY 18 Jace For Halbart HISTORY 19 Jace For Halbart HISTO	GYNI	ECOLOGICAL (Women only)			91	Was your work ever limited or restricted because		
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ADDITIONAL HISTORY 78 Have you ever had a disabling or disease? 93 Have any blood relatives ever had: 15 Have any surgeries? 16 Is there anything about your health that is bothering you ow? 17 Were you ever hospitalized? 18 Have you filed any law suits or claimed damages because of injury that affects your health? 18 Have you ever received or applied plan to apply for pension or compensation for disability? 18 Have you ever been: 19 Had dark urine, or yellow eyes or skin? 19 Had a prolonged episode of diarrhea recently? GIVE DETAILS OF "YES" ANSWERS ABOVE (list by number): FAMILY HEALTH HISTORY 93 Have any blood relatives ever had: List relationship. (Parents,brothers, yes no sisters, children) 10 List relationship. (Parents,brothers, yes no list relationship. (Parents,brothers, yes no list relationship. (Parents,brothers, set not sisters, children) 10 List relationship. (Parents,brothers, states, childre	77	Did you, or do you, have any disease			92	Have you lost time from work because of an		
ray ou ever had a disabling or disease? 93 Have any blood relatives ever had: 15 Has a medical provider advised you to have any surgeries? 81 Is there anything about your health that is bothering you now? 82 Were you ever hospitalized? (Medical, surgical, psychiatric problems) 83 Have you filed any law suits or claimed damages because of injury that affects your health? 84 Have you ever neceived or applied plan to apply for pension or compensation for disability? 85 Have you ever hospitalized? 86 Have you ever hospitalized? 87 Diagnosed for syphilis? 88 Results: 89 Date: 89 Results: 89 Date: 80 Date: 80 Date: 81 Results: 82 Results: 83 Have you filed any law suits or claimed damages because of injury that affects your health? 84 Have you ever beceived or applied plan to apply for pension or compensation for disability? 85 Have you ever hospitalized? 86 Have you ever hospitalized? 87 Diagnosed for syphilis? 88 Results: 89 Date: 80 Date: 80 Results: 80 Date: 81 Results: 80 Date: 81 Results: 82 Results: 83 Have any blood relatives ever had: 84 Last clasting. (Parents, brothers, yes No 85 Sisters, children) 86 Diagnosed for syphilis? 87 Results: 88 Results: 89 Date: 80 Date: 80 Date: 80 Date: 81 Results: 80 Date: 81 Date: 82 Results: 84 Results: 85 Date: 86 Date: 87 Date: 88 Results: 89 Date: 90 Date: 90 Date: 91 Date: 91 Date: 92 Date: 93 Date: 94 Last chest x-ray 95 Date: 96 Date: 97 Date: 98 Date: 99 Date: 90 Date: 91 Date: 91 Date: 92 Date: 93 Date: 94 Date: 95 Date: 96 Date: 96 Date: 97 Date: 98 Date: 99 Date: 90 Date: 90 Date: 90 Date: 90 Date: 90 Date: 91 Date: 91 Date: 92 Date: 93 Date: 94 Date: 95 Date: 96 Date: 97 Date: 98 Date: 98 Date: 99 Date: 99 Date: 90 Date: 91 Date: 91 Date: 91 Date: 91 Date: 92 Date: 93 Date: 94 Date: 95 Date: 96 Date: 97 Date: 98 Date: 98 D		or disorder of the female organs?	•		-	illness or injury in the last 5 years?		
or disease? 79 Are you currently taking medication? 80 Has a medical provider advised you to have any surgeries? 81 Is there anything about your health that is bothering you now? 82 Were you ever hospitalized? (Medical, surgical, psychiatric problems) 83 Have you fled any law suits or claimed damages because of injury that affects your health? 84 Have you ever received or applied plan to apply for pension or compensation for disability? 85 Have you ever been: Tested HIV positive? Diagnosed for syphilis? Recently had a persistent cough? Had dark urine, or yellow eyes or skin? Had a prolonged episode of diarrhea recently? GIVE DETAILS OF "YES" ANSWERS ABOVE (list by number): 1 hereby authorize the release of requested information from my record for the use of the Alameda County Social Services Agency.	ADDI	TIONAL HISTORY			_			
79 Are you currently taking medication? 80 Has a medical provider advised you to have any surgeries? 81 Is there anything about your health that is bothering you now? 82 Were you ever hospitalized? (Medical, surgical, psychiatric problems) 83 Have you filed any law suits or claimed damages because of injury that affects your health? 84 Have you ever beceived or applied plan to apply for pension or compensation for disability? 85 Have you ever been: Tested HIV positive? Diagnosed for syphilis? Recently had a persistent cough? Had a prolonged episode of diarrhea recently? GIVE DETAILS OF "YES" ANSWERS ABOVE (list by number): List relationship. (Parents,brothers, sisters, children) Diabetes Cancer Tuberculosis Heart Disease Glaucoma High blood pressure TUBERCULOSIS (TB) TEST: TUBERCULOSIS (TB) TEST: **TUBERCULOSIS (T	78	Have you ever had a disabling			FAM	ILY HEALTH HISTORY		
80 Has a medical provider advised you to have any surgeries? 81 Is there anything about your health that is bothering you now? 82 Were you ever hospitalized? Heart Disease (Medical, surgical, psychiatric problems) 83 Have you filed any law suits or claimed damages because of injury that affects your health? 84 Have you ever received or applied plan to apply for pension or compensation for disability? 85 Have you ever been: Tested HIV positive? Diagnosed for syphilis? Recently had a persistent cough? Had dark urine, or yellow eyes or skin? Had a prolonged episode of diarrhea recently? GIVE DETAILS OF "YES" ANSWERS ABOVE (list by number): Sisters, children) Diabetes Cancer Tuberculosis Heart Disease Glaucoma High blood pressure High blood pressure UlberCULOSIS (TB) TEST: TUBERCULOSIS (TB) TEST: Pate: Results: Results: Last TB skin test: Date: Results: Results: Results: Results: Results: Results: Results: Results: I hereby authorize the release of requested information from my record for the use of the Alameda County Social Services Agency.		or disease?			93	Have any blood relatives ever had:		
have any surgeries? 81 Is there anything about your health	79	Are you currently taking medication?				List relationship. (Parents, brothers,	Yes	No
81 Is there anything about your health that is bothering you now? 82 Were you ever hospitalized? (Medical, surgical, psychiatric problems) 83 Have you filed any law suits or claimed damages because of injury that affects your health? 84 Have you ever received or applied plan to apply for pension or compensation for disability? 85 Have you ever been: Tested HIV positive? Diagnosed for syphilis? Recently had a persistent cough? Had dark urine, or yellow eyes or skin? Had a prolonged episode of diarrhea recently? GIVE DETAILS OF "YES" ANSWERS ABOVE (list by number): Cancer Tuberculosis Heart Disease Glaucoma High blood pressure Last (TB) TEST: VUBERCULOSIS (TB)	80	Has a medical provider advised you to				sisters, children)		
that is bothering you now? Were you ever hospitalized? (Medical, surgical, psychiatric problems) 83 Have you filed any law suits or claimed damages because of injury that affects your health? 84 Have you ever received or applied plan to apply for pension or compensation for disability? 85 Have you ever been: Tested HIV positive? Diagnosed for syphilis? Recently had a persistent cough? Had dark urine, or yellow eyes or skin? Had a prolonged episode of diarrhea recently? GIVE DETAILS OF "YES" ANSWERS ABOVE (list by number): Tuberculosis Heart Disease Glaucoma High blood pressure TUBERCULOSIS (TB) TEST: ### TUBERCULOSIS (TB) TEST: ### UBERCULOSIS (TB) TEST: ### UBERCULOSIS (TB) TEST: ### Date: #		have any surgeries?			_	Diabetes		
Were you ever hospitalized? (Medical, surgical, psychiatric problems) 83 Have you filed any law suits or claimed damages because of injury that affects your health? 84 Have you ever received or applied plan to apply for pension or compensation for disability? 85 Have you ever been: Tested HIV positive? Diagnosed for syphilis? Recently had a persistent cough? Had dark urine, or yellow eyes or skin? Had a prolonged episode of diarrhea recently? GIVE DETAILS OF "YES" ANSWERS ABOVE (list by number): Heart Disease Glaucoma High blood pressure UBERCULOSIS (TB) TEST: 194. Last chest x-ray Date: Results: Last TB skin test: Date: Results: Results: Results: Results: Results: Results: Results: Had prolonged episode of diarrhea recently? GIVE DETAILS OF "YES" ANSWERS ABOVE (list by number):	81	Is there anything about your health				Cancer		
(Medical, surgical, psychiatric problems) 83 Have you filed any law suits or claimed damages because of injury that affects your health? 84 Have you ever received or applied plan to apply for pension or compensation for disability? 85 Have you ever been: Tested HIV positive? Diagnosed for syphilis? Recently had a persistent cough? Had dark urine, or yellow eyes or skin? Had a prolonged episode of diarrhea recently? GIVE DETAILS OF "YES" ANSWERS ABOVE (list by number): Give Details and suits or high blood pressure I hereby authorize the release of requested information from my record for the use of the Alameda County Social Services Agency.		that is bothering you now?				Tuberculosis		
High blood pressure claimed damages because of injury that affects your health? Have you ever received or applied plan to apply for pension or compensation for disability? Besults: Tested HIV positive? Diagnosed for syphilis? Recently had a persistent cough? Had dark urine, or yellow eyes or skin? Had a prolonged episode of diarrhea recently? GIVE DETAILS OF "YES" ANSWERS ABOVE (list by number): Hereby authorize the release of requested information from my record for the use of the Alameda County Social Services Agency.	82	Were you ever hospitalized?				Heart Disease		
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that affects your health? TUBERCULOSIS (TB) TEST: 84 Have you ever received or applied plan to apply for pension or compensation for disability? 85 Have you ever been: Tested HIV positive? Diagnosed for syphilis? Recently had a persistent cough? Had dark urine, or yellow eyes or skin? Had a prolonged episode of diarrhea recently? GIVE DETAILS OF "YES" ANSWERS ABOVE (list by number): I hereby authorize the release of requested information from my record for the use of the Alameda County Social Services Agency.	83	Have you filed any law suits or				High blood pressure		
Have you ever received or applied plan to apply for pension or compensation for disability? Besults:		claimed damages because of injury			-			
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compensation for disability? Results: Have you ever been: Last TB skin test: Tested HIV positive? Diagnosed for syphilis? Recently had a persistent cough? Had dark urine, or yellow eyes or skin? Had a prolonged episode of diarrhea recently? GIVE DETAILS OF "YES" ANSWERS ABOVE (list by number): I hereby authorize the release of requested information from my record for the use of the Alameda County Social Services Agency.		plan to apply for pension or				Date:		
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Had dark urine, or yellow eyes or skin? Had a prolonged episode of diarrhea recently? GIVE DETAILS OF "YES" ANSWERS ABOVE (list by number): I hereby authorize the release of requested information from my record for the use of the Alameda County Social Services Agency.		Diagnosed for syphilis?						
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GIVE DETAILS OF "YES" ANSWERS ABOVE (list by number): I hereby authorize the release of requested information from my record for the use of the Alameda County Social Services Agency.		·						
I hereby authorize the release of requested information from my record for the use of the Alameda County Social Services Agency.		recently?						
I hereby authorize the release of requested information from my record for the use of the Alameda County Social Services Agency.		GIVE DETAILS OF "YES" ANSWERS A	BOVE	list by	numh	per):		
County Social Services Agency.								
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County Social Services Agency.		I haraby authorize the release of record	od info	rmotic:	n fram	a my record for the use of the Alamada		
			eu mo	maliol	ii iion	This record for the use of the Alameda		
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