



Nombre del alumno: Karina Muñoz Ross

Nombre del profesor: Lic. Jezabel Ivonne Silvestre

Licenciatura: Enfermería

Materia: Ingles

PASIÓN POR EDUCAR

Nombre del trabajo:

Ensayo :

“ADMISSIONS”

Frontera Comalapa, Chiapas a 15 de junio del 2020

Medical history form

A. Your personal details

Please complete the following details for yourself as the main applicant/member.

Title (Mr, Mrs, Miss, Ms, other title) Mr

First name(s) Tony

Surname Santos

Address Palms
Avenue, 21st

Postcode 1800

Sex at birth Male Female

Date of birth October 21st in 1985

Membership number 1200985447
22

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B. Additional member details

Please give details of additional members you wish to be covered.

Title, surname, first name(s)	Relationship to you (partner, dependant)	Date of birth			Sex at birth	
		Day	Month	Year	Male	Female
1 Mrs. Claire February 2 nd in 1990	wife				<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female
2 Ms Noah June 21 st in 2015	son				<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female
3 Ms Peter October 14 th in 2017	son				<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female
4					<input type="checkbox"/> Male	<input type="checkbox"/> Female

Need to add someone else? Please give us their name(s) and the full details for this section and sections C and D on a separate sheet.

Your medical history

This section asks for health and medical details, past and present, about yourself and for each person named in section B. Please tick Yes or No to every question for each person.

For any of the medical conditions or symptoms listed in questions 1 to please indicate if:

- You or anyone to be covered on your membership has seen a GP or other health care professional within the last two years
- no, none of us have seen a GP in two years

You or anyone to be covered on your membership has been admitted to hospital, had an operation OR any investigations (for example scan, X-ray, blood test, biopsy) within the last seven years.

1. Heart or cardiovascular disorders
eg coronary artery disease, chest pains, circulation problems, varicose veins, high blood pressure, venous ulcers
2. Glandular disorders
eg diabetes, thyroid, hormonal problems
3. Breathing or respiratory disorders
eg asthma, bronchitis, shortness of breath, chest infections, colds, flu
4. Ears, nose, throat, or eye problems *eg hayfever, tonsillitis, sinusitis, cataracts, eye infections, deafness, ear infections*

	Name Main applicant		Name Dependant member 2		Name Dependant member 3		Name Dependant member 4		Name Dependant member 5	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1. Heart or cardiovascular disorders <i>eg coronary artery disease, chest pains, circulation problems, varicose veins, high blood pressure, venous ulcers</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Glandular disorders <i>eg diabetes, thyroid, hormonal problems</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Breathing or respiratory disorders <i>eg asthma, bronchitis, shortness of breath, chest infections, colds, flu</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ears, nose, throat, or eye problems <i>eg hayfever, tonsillitis, sinusitis, cataracts, eye infections, deafness, ear infections</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tony Santos is a middle-aged man, he's 35 years old and lives with his wife Claire and children, Noah and Peter in Palms Avenue, 21st. Post code 1800, in Ohio, USA. He is from Tlaxcala, Mexico and was born in October 21st. in 1985.

Claire Benson was born in February 2nd. In 1990, Noah Santos Benson was born in June 21st. in 2015 and Peter was born in October 14th. In 2017.

Tony needs to be attended because he had an accident when he was in his job, he is admitted to the hospital with his Membership number 120098544722. He admits don't have seen another GP or other health care professional with in the last two years and his wife suffers by hormonal problems.