

**Nombre del alumno:**

KEYLA ELIOENAI LOPEZ VAZQUEZ

**Nombre del profesor:**

LIC. IVONNE JEZABEL SILVESTRE MONTEJO

**Licenciatura:**

LIC. ENFERMERÍA

**Materia:**

INGLES III

**Nombre del trabajo:**

Ensayo del tema:

“Medical history form

# 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)	Mrs.
First name(s) (please include all forenames in full)	KEYLA ELIOENAI
Surname	LÓPEZ VAZQUEZ
Address	
	Postcode 30140
Sex at birth <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Date of birth <input type="text" value="2"/> <input type="text" value="7"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="9"/> <input type="text" value="8"/>
Membership number	

## 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	Martin Benson	married	2 <sup>nd</sup>	February	1952	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female
2	Claire Benson	married	21 <sup>st</sup>	October	1955	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female
3						<input 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

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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Glandular disorders	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Breathing or respiratory disorders	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ears, nose, throat, or eye problems	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

[

## **Claire and Martin Benson Summary**

Claire Benson is an old woman who lives in Boston, in her little home on 264 Neponset Valley Pkwy, Hyde Park, Massachusetts, USA. She's 65 years old and lives with her husband Martin Benson. He is from Topeka, Kansas, USA and was born on October 21<sup>st</sup> in 1955.

Martin Benson was born on February 2<sup>nd</sup> in 1952, in Boston City. He is a hypertensive man since 2010.

Claire needs to be attended because she had a heart attack when she was cooking dinner at home, due to heart problems that she has been suffering the last 6 years. She is admitted to the hospital with her Membership number 120098544722. She exposed she hasn't seen another GP or other health care professional within the last two years.