SmartCare
COMMUNITY CLINIC INC

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Have you ever had problems with?

Skin	Yes / No	If yes, Explain:_____
Head	Yes / No	If yes, Explain:_____
Eyes	Yes / No	If yes, Explain:_____
Ears	Yes / No	If yes, Explain:_____
Nose	Yes / No	If yes, Explain:_____
Throat	Yes / No	If yes, Explain:_____
Neck	Yes / No	If yes, Explain:_____
Lungs	Yes / No	If yes, Explain:_____
Heart	Yes / No	If yes, Explain:_____
Circulatory System	Yes / No	If yes, Explain:_____
Emotions	Yes / No	If yes, Explain:_____
Nerves	Yes / No	If yes, Explain:_____
Muscles	Yes / No	If yes, Explain:_____
Bones	Yes / No	If yes, Explain:_____
Stomach	Yes / No	If yes, Explain:_____
Intestines	Yes / No	If yes, Explain:_____
Sexual Organs	Yes / No	If yes, Explain:_____
Urinary Tract	Yes / No	If yes, Explain:_____

Any other health problems?_____

Allergies or reactions to food or medications?_____

Patients Signature:_____ Date: _____