



## CONDICIONES MEDICALES

## MEDICAL CONDITIONS

Seleccionar todo lo que aplica

(Check all that exist)

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Ninguna Condicion                             | <input type="checkbox"/> Dialysis             | <input type="checkbox"/> No known Medical Conditions                   | <input type="checkbox"/> Hemodialysis       |
| <input type="checkbox"/> Anormal EKG                                   | <input type="checkbox"/> Anemia               | <input type="checkbox"/> Abnormal EKG                                  | <input type="checkbox"/> Hemolytic Anemia   |
| <input type="checkbox"/> insuficiencia suprarrenal                     | <input type="checkbox"/> Hepatitis-Tipo___    | <input type="checkbox"/> Adrenal Insufficiency                         | <input type="checkbox"/> Hepatitis-Type___  |
| <input type="checkbox"/> Angina de pecho                               | <input type="checkbox"/> SIDA                 | <input type="checkbox"/> Angina  | <input type="checkbox"/> HIV/AIDS           |
| <input type="checkbox"/> Asma  | <input type="checkbox"/> Alta presion         | <input type="checkbox"/> Asthma  | <input type="checkbox"/> Hypertension       |
| <input type="checkbox"/> Desorden de Sangre                            | <input type="checkbox"/> Azúcar baja          | <input type="checkbox"/> Bleeding Disorder                             | <input type="checkbox"/> Hypoglycemia       |
| <input type="checkbox"/> Cancer  | <input type="checkbox"/> Laringectomia        | <input type="checkbox"/> Cancer  | <input type="checkbox"/> Laryngectomy       |
| <input type="checkbox"/> Arritmia de corazon                           | <input type="checkbox"/> Leucemia             | <input type="checkbox"/> Cardiac Dysrhythmia                           | <input type="checkbox"/> Leukemia           |
| <input type="checkbox"/> Cataratas                                     | <input type="checkbox"/> Linfomas             | <input type="checkbox"/> Cataracts                                     | <input type="checkbox"/> Lymphomas          |
| <input type="checkbox"/> Desorden de coagulacion                       | <input type="checkbox"/> Problemas de memoria | <input type="checkbox"/> Clotting Disorder                             | <input type="checkbox"/> Memory Impaired    |
| <input type="checkbox"/> Derivación de arteria coronaria               | <input type="checkbox"/> Miastenia gravis     | <input type="checkbox"/> Coronary Bypass Graft                         | <input type="checkbox"/> Myasthenia Gravis  |
| <input type="checkbox"/> Dementia <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Marcapasos           | <input type="checkbox"/> Dementia <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Pacemaker          |
| <input type="checkbox"/> Diabetes/insulina                             | <input type="checkbox"/> Insuficiencia renal  | <input type="checkbox"/> Diabetes/Insulin Dependent                    | <input type="checkbox"/> Renal Failure      |
| <input type="checkbox"/> Operacion de ojos                             | <input type="checkbox"/> Epilepsia            | <input type="checkbox"/> Eye Surgery                                   | <input type="checkbox"/> Seizure Disorder   |
| <input type="checkbox"/> Glaucoma                                      | <input type="checkbox"/> Anemia falciforma    | <input type="checkbox"/> Glaucoma                                      | <input type="checkbox"/> Sickle Cell Anemia |
| <input type="checkbox"/> Problemas escuchando                          | <input type="checkbox"/> Embolio              | <input type="checkbox"/> Hearing Impaired                              | <input type="checkbox"/> Stroke             |
| <input type="checkbox"/> Corazon Protesis                              | <input type="checkbox"/> Tuberculosis         | <input type="checkbox"/> Heart Valve Prosthesis                        | <input type="checkbox"/> Tuberculosis       |
| <input type="checkbox"/> Otro:   | <input type="checkbox"/> Problemas de vision  | <input type="checkbox"/> Other:  | <input type="checkbox"/> Vision Impaired    |

## ALERGIAS

## ALLERGIES

- |   |                                    |   |   |  |                                       |
|---|------------------------------------|---|---|--|---------------------------------------|
| <input type="checkbox"/> Aspirina         | <input type="checkbox"/> Insectos  | <input type="checkbox"/> Penicilina       | <input type="checkbox"/> Aspirin        | <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Penicillin   |
| <input type="checkbox"/> Barbiturico      | <input type="checkbox"/> Latex     | <input type="checkbox"/> Sulfa            | <input type="checkbox"/> Barbiturate    | <input type="checkbox"/> Latex         | <input type="checkbox"/> Sulfa        |
| <input type="checkbox"/> Codeina          | <input type="checkbox"/> Lidocaina | <input type="checkbox"/> Tetraciclina     | <input type="checkbox"/> Codeine        | <input type="checkbox"/> Lidocaine     | <input type="checkbox"/> Tetracycline |
| <input type="checkbox"/> Demerol          | <input type="checkbox"/> Morfina   | <input type="checkbox"/> Tinte de rayos X | <input type="checkbox"/> Demerol        | <input type="checkbox"/> Morphine      | <input type="checkbox"/> X-Ray Dyes   |
| <input type="checkbox"/> Suero de caballo | <input type="checkbox"/> Novacaina | <input type="checkbox"/> Ninguna Alergia  | <input type="checkbox"/> Horse Serum    | <input type="checkbox"/> Novacaine     | <input type="checkbox"/> No Known     |
| <input type="checkbox"/> Ambiental:       |                                    |   | <input type="checkbox"/> Environmental: |  |                                       |
| <input type="checkbox"/> Otro:            |                                    |   | <input type="checkbox"/> Other:         |  |                                       |

## SEGURANZA

## MEDICAL INSURANCE

Compania:

Med Ins Co:

# De Poliza:

Policy #:

Otra Compania:

Other Med Ins Co:

# De Poliza:

Policy #:

# De Medicaid:

# De Medicare:

Medicaid #:

Medicare #: