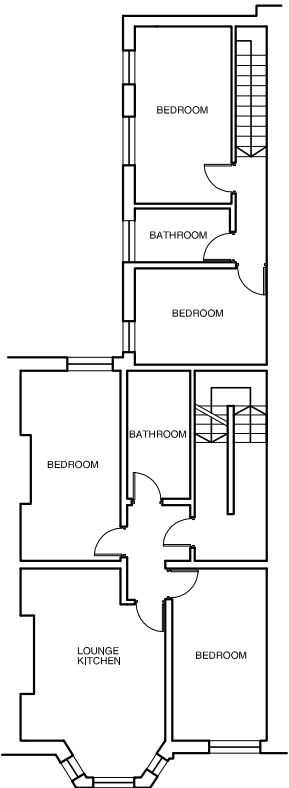




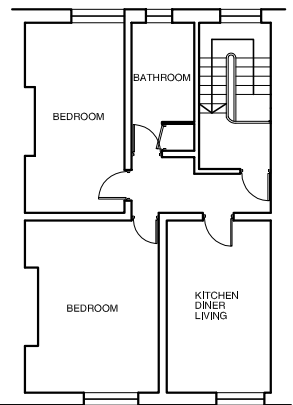
SCALE 1:1250 (A3)

Age Group	No	Yes	Don't know	No answer	Other
0	~65%	~25%	~5%	~2%	~1%
10	~60%	~30%	~5%	~2%	~1%
50	~55%	~35%	~5%	~2%	~1%

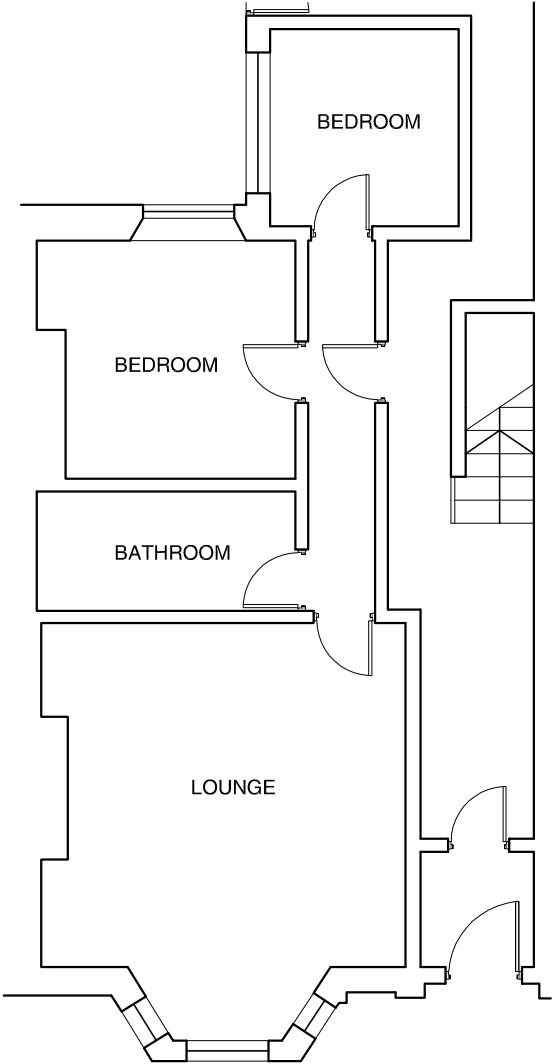
1



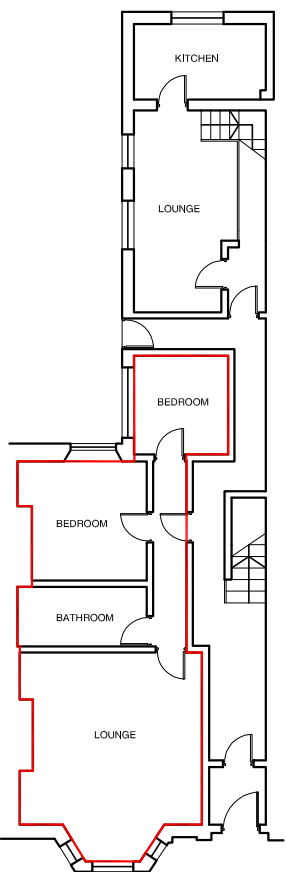
FIRST FLOOR PLAN



SECOND FLOOR PLAN



SCALE 1:100 (A3)



GROUND FLOOR PLAN

SCALE 1:200 (A3)

revision

[illegible]

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Do not scale these drawings.

Patient Information	
First Name	
Last Name	
Room Number	
Phone Number	
Insurance Company	
Insurance Policy Number	
Referring Physician	
Referral Date	
Referral Reason	
History of Present Illness	
Onset of symptoms	
Duration of symptoms	
Frequency of symptoms	
Severity of symptoms	
Associated symptoms	
Previous treatments	
Response to treatment	
Family History	
Social History	
Physical Examination	
Vital Signs	
General Appearance	
Head and Neck	
Chest and Lungs	
Heart and Circulation	
Abdomen and GI	
Genitourinary	
Musculoskeletal	
Neurological	
Psychiatric	
Laboratory Tests	
Imaging Studies	
Pathology Reports	
Treatment Plan	
Follow-up	

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