



URUWOON EWE PATIENT LON PEKIN POCHOKKULEN INIS
CHUUKESI

Itom: _____
 Ranin Uputiwom: _____ Ranin Ikenai: _____

URUWO LON POCHOKKULEN INISOM – kese mochen cheki menni semmwon ka wor IEI are ka eani me loom

<input type="checkbox"/> Head trauma (Metekin Mokur) <input type="checkbox"/> Ekkewe Seizure (Metek me Mwokutokutun Mokur) <input type="checkbox"/> Headaches (migraine, etc.) (Mokur a Metek) <input type="checkbox"/> A Mmang Le Ekiek <input type="checkbox"/> Mmang le Kae <input type="checkbox"/> Osukosuk le Kuna <input type="checkbox"/> Weires le Rongorong <input type="checkbox"/> Gastrostomy Tube (Luk a Metek) <input type="checkbox"/> Sinus problem (Weires lon Pwotur) <input type="checkbox"/> Snoring (Okurang atun annut) <input type="checkbox"/> Sleep apnea (Weires le ngasangas atun annut) <input type="checkbox"/> Dental problems (Osukosuk lon ni) <input type="checkbox"/> Ka fen turutiw <input type="checkbox"/> Semmwonin Foun Ngasangasom <input type="checkbox"/> Heart murmur (Metek Foun Ngasangasom) <input type="checkbox"/> Ffeita Chcha <input type="checkbox"/> Ffeita cholesterol	<input type="checkbox"/> Semwenin ngasangas <input type="checkbox"/> Asthma (Ngasangas) <input type="checkbox"/> Tracheostomy (Semwenin Ngas) <input type="checkbox"/> GERD ika Pwichikkar lon Foun Ngasangasom <input type="checkbox"/> Mettek Lukom <input type="checkbox"/> Gastrostomy Tube <input type="checkbox"/> Intestinal/colon Osukosuk <input type="checkbox"/> Dysphagia/ Swallowing problems (Weires le Un) <input type="checkbox"/> Osukosuk lon Liver <input type="checkbox"/> Gallbladder osukosuk <input type="checkbox"/> Pancreatic osukosuk <input type="checkbox"/> Kidney osukosuk <input type="checkbox"/> Urinary tract ika Choochoo a weires <input type="checkbox"/> Ekkewe Allergy <input type="checkbox"/> Osukosuk lon Chcha <input type="checkbox"/> Lymph node osukosuk	<input type="checkbox"/> Cancer <input type="checkbox"/> Semmwonin Suke <input type="checkbox"/> Thyroid Osukosuk <input type="checkbox"/> Metek ika a tta om Bone <input type="checkbox"/> ADHD/ADD <input type="checkbox"/> Musculoskeletal Osukosuk <input type="checkbox"/> Apwangapwang lon Immune <input type="checkbox"/> Ekiekichou: (letipechou, aurek, Bipolar Disorder, met a kkan.) Titchikki: _____ <input type="checkbox"/> Weires le Mongo <input type="checkbox"/> Pwisin nni (suicide) <input type="checkbox"/> Akkachofesa <input type="checkbox"/> Weires lon Ekiek ika mi Osukosuk/ Kapas Pochokkul <input type="checkbox"/> Lisowu Mwaal (Sexual Abuse) <input type="checkbox"/> Fiffiu ngeni Aramas	<input type="checkbox"/> Weires le choochoo <input type="checkbox"/> Sexually transmitted disease (Semwenin Lisowu) <input type="checkbox"/> Eczema <input type="checkbox"/> Ekkoch metek lon Skin Titchikki: _____ <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Ekkoch Sokkun Semmwon <input type="checkbox"/> Kitinupulo <input type="checkbox"/> Unumi Chommong Sakaw <input type="checkbox"/> Neuneu Tobacco <input type="checkbox"/> Unumi Safein Opuchopuch <input type="checkbox"/> Ekkoch osukosuk (Makkei):
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OERENIEN FAMILI/Makkei len Kewe aramasan ewe Patient mi kan wor Semmwon

<input type="checkbox"/> Asthma (Ngasangas) _____ <input type="checkbox"/> Eczema _____ <input type="checkbox"/> Allergies (specify) _____ <input type="checkbox"/> Metek Mokur _____ <input type="checkbox"/> Stroke _____ <input type="checkbox"/> Osukosuk Foun Ngasangasom/Chcha _____ <input type="checkbox"/> Autism Spectrum Disorder _____ <input type="checkbox"/> Ffeita Chcha _____ <input type="checkbox"/> Ffeita cholesterol _____ <input type="checkbox"/> Gout/arthritis/joint osukosuk _____ <input type="checkbox"/> AIDS/HIV _____ <input type="checkbox"/> Weires le annut _____ <input type="checkbox"/> Cancer (titchikki): _____	<input type="checkbox"/> Sudden Infant Death Syndrome _____ <input type="checkbox"/> Mmang le Ekiek/Osukosuk le Kakkae _____ <input type="checkbox"/> Gynecological ekkewe osukosuk/PCOS (titchikki): _____ <input type="checkbox"/> Semmwonin Ekiek: (letipechou, aurek, Bipolar Disorder, me met a kkan.) (titchikki): _____ <input type="checkbox"/> Safein Opuchopuch: _____ <input type="checkbox"/> Immune osukosuk _____ <input type="checkbox"/> Thyroid osukosuk lon chiori _____	<input type="checkbox"/> Semmwonin Suke _____ <input type="checkbox"/> Kuna/Rongorong kewe osukosuk _____ <input type="checkbox"/> Osukosuk lon Liver _____ <input type="checkbox"/> ADHD/ADD _____ <input type="checkbox"/> Pancreatic/Gallbladder kewe osukosuk _____ <input type="checkbox"/> Kidney/Urinary kewe osukosuk _____ <input type="checkbox"/> Intestinal/Colon osukosuk _____ <input type="checkbox"/> GERD/Ngasangasom/Metek Lukom _____
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EKKEWE FEFFER/EKKEWE HOSPITALIZATION/EKKEWE REIREI

Maram/Ier	Reirei/Semmwen	Maram/Ier	Reirei/Semmwen

Ka unumi ekkewe safei, vitamin, herb, are ekkoch dietary supplements? ewer apw

Ika ewer, met ena? _____

Ka allergy le unumi ekkewe safei? ewer apw ***Ika ewer, met ena?*** _____

Ka allergy le mongo? ewer apw ***Ika ewer, met ena?*** _____

Do you have any environmental allergies? yes no ***Ika ewer, met ena?***

(FAN ITEN EKKEWE FEFIN IERIR 11 me ffeita)

ineet a poputa le choochoo cha: _____

Fite ekkewe ran ka nom lon om period: _____

Lon Ewe Menstrual Period?

Fite ran ka nom lon: _____

Mi Metek? ewer apw

Ka nom lon Birth Control? ewer apw

Met sokkun Birth Control:

Ekkewe safei IUD Implant Depo shot

SOCIAL HISTORY / OERENIEN URUWO (ierir 11 me ffeita)

Sakaw? ewer apw

Ika ewer, fite ka unumi iteitan wiik:

Un supwa/Tobacco? ewer apw

Ika ewer, fite/ran: _____ Ier: _____

Smokeless Tobacco? ewer apw

Fan fite? _____

E-Cigarette/Vape? ewer apw

Fan fite? _____

Second-hand Smoke un supwa? ewer apw

Do you live alone or with others? _____

Do you feel safe at home? yes no

If no, please explain: _____

Uruwo le unumi supwa? ewer apw

Ika ewer, met sokkun: _____

Fan fite: _____

Unumi caffeine (coffee, tea, sodas)? ewer apw

Ka Taiso? ewer apw

Fan fite: _____



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Itom: _____
Ranin Uputiwom: _____ Ranin Ikenai: _____

PREVENTATIVE CARE HISTORY (URUWO PWE KA TUTTUMWUNU INISOM)	
	RAN
Ineet om we Flu shot?	
Inet om we Dental Exam?	
Inet om we Physical Exam?	
Mei wor ekkoch specialist(tokter) ka chuuri? Ika ewer, ifa itan?	



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