

11. Have you RECENTLY had any PAINS?

12. Do you have any RECURRING PAINS?

13. Do you have any INJURED BODY PART?

14. Do you have any PRESENT DISEASE?

15. Do you have any RECURRING DISEASE?

16. Do you have any PRESENT INFECTION?

17. Do you have any RECURRING INFECTION?

25. Do you have any TEETH TROUBLES?

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

26. Do you have any other PHYSICAL CONDITION YOU WANT TO MENTION?

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

27. Do you have any unwanted ATTITUDE?

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

28. Is there something you wanted handled which wasn't?

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are these all the complaints? (If question reads get the additional complaints. Mention such things as VD in case PC is embarrassed to mention them.)

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Cross off what has been run, Completely handle the form.

Add new items in subsequent sessions if PC gives them.

L. RON HUBBARD
FOUNDER