

DIANETIC HEALTH FORM

11 April 1969

\_\_\_\_\_  
Name of pc

\_\_\_\_\_  
Date of Form

\_\_\_\_\_  
Name of Auditor

\_\_\_\_\_  
Place of session

This form is done by the Auditor with a PC. It is not Metered.

1. Visible physical defects \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Physical disabilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Perception difficulties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Past illnesses \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Past Operations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Any current illness \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Any continual pains \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Any occasional pains \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Any continual aches \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Any occasional aches \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Any continual unwanted sensations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Any occasional unwanted sensations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Tiredness - continual \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Tiredness - occasional \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Emotional tone by pc statement \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15(a). Any Fears \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15(b) Chronic Worries \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Emotional Tone by Auditors inspection \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Any disability payment or pension \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Any familial history of insanity \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Any venereal infection in the past \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Any venereal infection in the present \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Any Rash \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Overweight \_\_\_\_\_

23. Underweight \_\_\_\_\_

24. Eye Colour \_\_\_\_\_

25. Any tint in eye whites \_\_\_\_\_

26. Pimples \_\_\_\_\_

27. Glasses \_\_\_\_\_

28. Colour Blindness \_\_\_\_\_

29. Hearing \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

30. Nasal Trouble \_\_\_\_\_

Throat Trouble \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

31. Sick or disabled family members \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

32. Perception trouble in family \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

33. Earlier allies or close friends \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

34. Husband or wife physical troubles \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

35. Attitude toward illness \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

36. Attitude toward treatment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

37. Earlier physical examination discloses \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LRH:jk.ei

L. RON HUBBARD  
Founder