

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 \_\_\_\_\_

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

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

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LRH: jk.ei

L. RON HUBBARD  
Founder