

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