

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