|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Medical History [MH] | |  | | | |
| *Medical History: [HM1]* | |  | | | |
| Any significant medical history  *[MHYN]* | | 🌕 1-Yes 🌕 0-No | | | |
| *If yes, please complete below [MH2]* | |  | | | |
| Organ or System (where abnormalities have been noted) | | | Medical history Details | Year of the occurrence | Ongoing |
| 🌕 1-HEENT : Head,Eye,Ear,Nose and Throat  🌕 2-Pulmonary, respiratory  🌕 3-Cardiovascular  🌕 4-Endocrinology  🌕 5-Gastrointestinal  🌕 6-Hepatic  🌕 7-Geniorurinary  🌕 8-Musculoskeletal  🌕 9-Neurological  🌕 10-Psychiatric  🌕 11-Allergies  🌕 12-Dermatological  🌕 13-Immunological  🌕 14-Other | | | ……………………………. | |\_\_|\_\_|\_\_|\_\_| | 🌕 1-Yes 🌕 0-No |
| Add More |  | | | | |
| *Medical History: [HM1]* | |  | | | |
| Previous cancer  *[MHYN]* | | 🌕 0-No 🌕 1-Yes | | | |
| *If yes, please specify using international classification of disease for oncology ICD-O-3 [MH2]* | |  | | | |
| ICD-O-3 Code | | | **Previous cancer details** | Year of the occurrence | Ongoing |
| |\_\_|\_\_|\_\_|\_\_| | | | ……………………………. | |\_\_|\_\_|\_\_|\_\_| | 🌕 1-Yes 🌕 0-No |
| Add More |  | | | | |