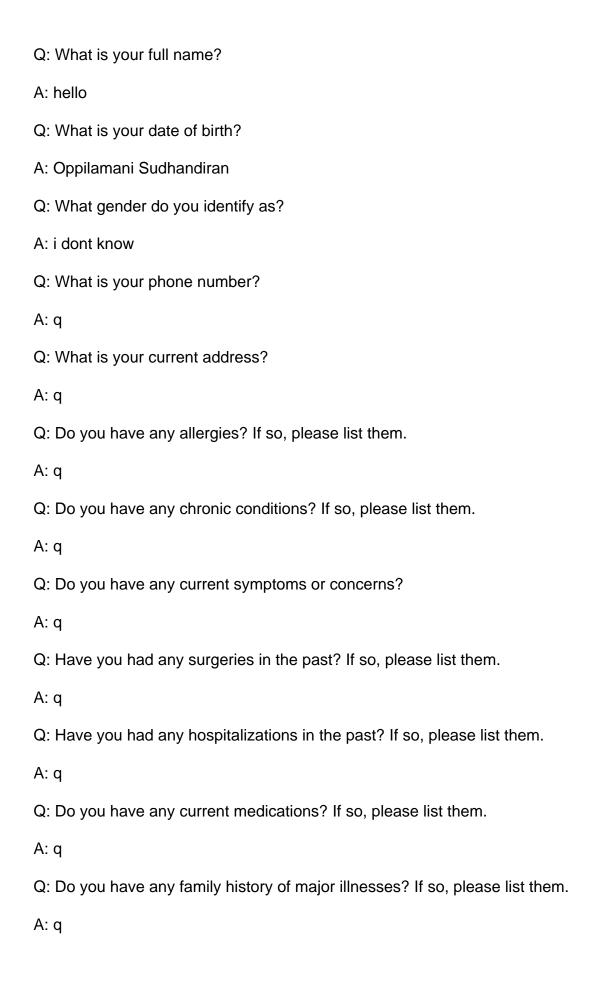
Patient History Summary



Q: Do you have health insurance? If so, please provide the name of the provider.

A: q

Q: What is your emergency contact's name and phone number?

A: q