



REMEMBER AFRICA

Promotes and Supports Education, Peace, Agriculture, AGOA Savings/Credits for Socio-Economic-Development, Hi-Tech-Telecom, Social Justice & Health care in the Americas, Africa, Europe, Asia & the Caribbean's (USA-501C3 NGO)AFRICA HQs: YAOUNDE-RUE CEPER-CAMEROON

Tel: (+237) 242 10 82 82 / (+237) 673 011 822 - Fax: (914) 939-2162

E-mail: raboard@ra-necom.com, rahealthcareteam@gmail.com Web: www.rememberafrica.us



RA-HEALING-HEALTHCARE Member-Patient Medical FILE

RA-HEALING Member-Patient GENERAL INFORMATION

Date.....

- Name First Last Date of Birth MM / DD / YYYY
- Sex Blood G. Height Weight Age
- Phone E-mail:
- Residence:
- Referred to RA by
- Consultation with: DR CAROLINE HOTH

RA-HEALING-HEALTHCARE Member-Patient Medical History

Check all that apply to you or your immediate family (parents, siblings, grandparents)

- Asthma / Lung Problems Cancer Cardiac Disease Cardiovascular Diabetes Diabetes Mellitus Hypertension/Hypotension Blood cells disorder Allergy Chest Pain Connective Tissue Disease Ear / Nose / Throat Eye Gastrointestinal Genitourinary Musculoskeletal Pain Neurological Psychiatric Skin Weight Gain Weight Loss...

RA-HEALING-HEALTHCARE Member-Patient Medical Specific Information

- Reason for Today's Visit

Patient Name and Signature

By signing this form, you agree to give RA all power of consultation and treatment of your case. You also agree to assume all the responsibility to follow up through instructions and recommendations prescribed by the Healthcare Department as well as being responsible of your tests and exams when required by your consultation.

By signing this form, the patients suffering from chronic illnesses should understand that treatment may be prolonged.

As a RA US 501C3 Humanitarian Program, you are at the center of our preoccupation for we care about you; your Health is our pride.

All rights reserved to REMEMBER AFRICA INTERNATIONAL INC. www.ra-necom.com/ www.rememberafrica.us

Please list any medications you are currently taking (and dosage if known)

Please list any medication allergies that you have:

If you are a woman, are you currently pregnant, or is there a possibility that you are pregnant?

Are you currently using or do you have a history of tobacco use? Yes No

Are you currently using or do you have a history of illegal drugs use? Yes No

Do you feel you are at risk for falls or falling injuries? Yes No

Please describe your alcohol Consumption:

Daily Weekly Monthly Occasionally Rarely Never

RA-HEALING MEMBER/PATIENT HEALTH SURVEY

• What is your gender? Male Female

• Have you ever smoked cigarettes, pipes or cigars? Yes No

• Do you regularly engage in any of the following physical exercises?

Walking Running Swimming Biking Other I do not exercise.
(Leave blank if you do not walk for exercise)

• If you walk for exercise, on average, how long does it take you to walk one mile?

If you run for exercise, on average, how long do you run within a week?

• If you bicycle for exercise, on average, how fast is your normal ride?

• On average, how many hours a week do you exercise?

• On average, how many hours a day do you sleep?

By signing this form, you agree to give RA all power of consultation and treatment of your case. You also agree to assume all the responsibility to follow up through instructions and recommendations prescribed by the Healthcare Department as well as being responsible of your tests and exams when required by your consultation.

By signing this form, the patients suffering from chronic illnesses should understand that treatment may be prolonged.

As a RA US 501C3 Humanitarian Program, you are at the center of our preoccupation for we care about you; your Health is our pride.

All rights reserved to REMEMBER AFRICA INTERNATIONAL INC. www.ra-necom.com/ www.rememberafrica.us