



**Health Problems** List significant past and present health problems.

<b>Date(s)</b>	<b>Health Problem &amp; Illness</b>	<b>Treatment</b>
<i>EXAMPLE</i> 1997 - present	<i>High blood pressure</i>	<i>Placed on blood pressure medication, instructed to change my diet, exercise, and loose weight. My blood pressure is currently under control.</i>

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