



Question Sheet

- 1) What kind of form is being used?
 - a) Medical History
 - b) His Story
 - c) Patient History
 - d) Patience History
- 2) Why did the patient come?
 - a) My groin
 - b) My grains
 - c) Migraines
 - d) Sinus ache
- 3) What are the symptoms?
 - a) Light head
 - b) Lite head
 - c) Tight head
- 4) Why was the patient squinting?
 - a) Could not see the nurse
 - b) Could not read the paper
 - c) Did not bring glasses
 - d) Light is too bright
- 5) What happens when the lights are on?
 - a) Turn them off
 - b) Under stimulated
 - c) Under sensitive
 - d) Over sensitive, over stimulated
- 6) What does the patient do?
 - a) Use an anvil
 - b) Take an ad vile
 - c) Take an Advil
- 7) What else does the patient do?
 - a) Acupuncture, Acupressure
 - b) Massage
 - c) Heat or Cold compress
 - d) Decrease stimuli
- 8) Family information?
 - a) Father smokes
 - b) Mother has diabetes
 - c) Mother smokes, father has diabetes
 - d) Father smokes, mother has diabetes
- 9) Parents Occupations?
 - a) Industry worker
 - b) Industrial worker
 - c) Saloon worker
 - d) Industrial worker and hairstylist
- 10) Family medical history
 - a) Heart disease
 - b) Cancer
 - c) Diabetes
 - d) Diabetes and heart disease



Answer Sheet

1 (a) (b) © (d)

2 (a) (b) © (d)

3 (a) (b) © (d)

4 (a) (b) © (d)

5 (a) (b) © (d)

6 (a) (b) © (d)

7 (a) (b) © (d)

8 (a) (b) © (d)

9 (a) (b) © (d)

10 (a) (b) © (d)

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