

**MEDICAL RECORD****HISTORY - Part 1**NATURE AND DURATION OF COMPLAINTS *(Include circumstance of admission)***HISTORY OF PRESENT ILLNESSES***(Continue on reverse side)*

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER <i>(SSN or Other)</i>
	LAST	FIRST	MI	
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY		RECORDS MAINTAINED AT	
PATIENT'S IDENTIFICATION: <i>(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)</i>			REGISTER NO.	WARD NO.

**HISTORY - Part 1  
Medical Record****STANDARD FORM 504** (REV. 2-2001)  
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