|  |
| --- |
| ${logo} |
| Medical History |
| **Full Name**  | ${name} | **Do you have Insurance?** | ${insurance} |
| **Gender** | ${gender=male} Male ${gender=female} Female | **Do you have Secondary Insurance?** | ${secondary-insurance=yes} Yes${secondary-insurance=no} No |
|  |
| ${acknowledgement} |
|  |
| **Name:** ${name}  |
| **Date:** ${sign-date} |
| **Signature**: ${signature} |