

Have you any eruptions, blotches, pimples, or sores, upon your skin?.....
 Eyes and skin yellow?..... Pale?.....
 Palpitation of the heart?..... When?..... Feet and
 hands cold?..... Dizzy spells?..... Any catarrh?.....
 If so, what is the character of discharge?..... Any cough?.....
 Any expectoration?..... What kind?.....
 Breathing difficult?..... Take cold easily?..... Ever have
 attacks of bleeding from lungs?..... Fever or chills?..... When?.....
 Sight good?..... Hearing?..... Kidneys act well?.....
 Any bloating?..... Where?..... Back weak?.....
 Describe color and appearance of urine on voiding.....
 After standing 12 hours in tight bottle..... Any obstruction
 to flow?..... Any scalding?..... Memory poor?.....
 Nervous?..... Low spirits?..... Use tobacco?.....
 Stimulants?..... Quantity?..... Eat rich food?.....
 How soon after supper do you retire?..... Labor hard, mentally
 or physically?.....
 What is your greatest trouble?.....
 If necessary, could you come to the Invalids Hotel for personal examination?

GENERAL REMARKS:

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 If, for want of sufficient space, full answers to questions have not been given, please describe your symptoms in your own words on a separate piece of paper, using pen and ink.

It costs you nothing to consult Dr. Pierce by letter—why not write?

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