



# Medical Assessment : Film Team

Last Name: **Flesher**                      First Name: **Ryan**                      Title: **Director**  
 Last Name: **Pando**                      First Name: **Nancy**                      Title: **Producer**

## HEALTH INFORMATION (Required)

**Occupations:** Documentary Filmmakers

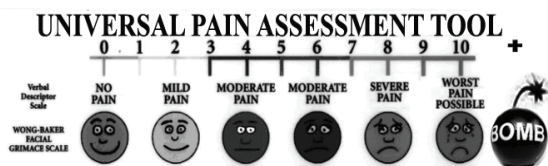
**Height:** Male 6'      Female 5' 3"      **Weight:** Producer refuses to cooperate

### Have you ever had any of the following? (please check all that apply)

Jet Lag  Car Problems  Faulty Hotel Alarms  Google Burnout   
 Insomnia  Computer Repairs  Career Crisis  Email Addiction

**Exercise:** Lugging Film Equipment      **Diet:** Gummy Sharks & Chocolate Latte  
**Caffeine Intake:** Intravenous      **Vision:** Double Visionaries      40/40  
**Occupational Hazards?** Yes | **If yes, please explain:** Exploding Batteries  
**Allergies?** Yes      **If yes, please explain:** Allergic to Working in Cubicles

### **Pain Scale** (please refer to pain scale on left)



Malpractice Attorneys      12  
Obstacles to Patient Care      10  
Smell of Latex Gloves      9

To the best of our knowledge, the preceding answers and health information provided are true and correct.

***Ryan Flesher***

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915

N35

R07