Name of Doctor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Evaluation Form**

Personal Information

**Name**: Russia **Date of Visit: 1985** **Address**: Europe/Asia

**Top of Form**

**Government** (Check Box): Democracy  Dictatorship  Autocracy  Other (Explain):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Evaluation

Bottom of Form

**Medical Complaint** (What is the overall problem(s)?):

**Symptoms** (What actions, events, etc. provided evidence to the current “health” of the government?):

**Possible Causes** (List possible areas of potential threat to the rule of the USSR, internal and external):

**Diagnosis** (Out of your reasons above, choose the one you believe may lead to fall of the government. Explain):

**Overall Assessment** (How would you describe the health of the Russia? Support with explicit examples):