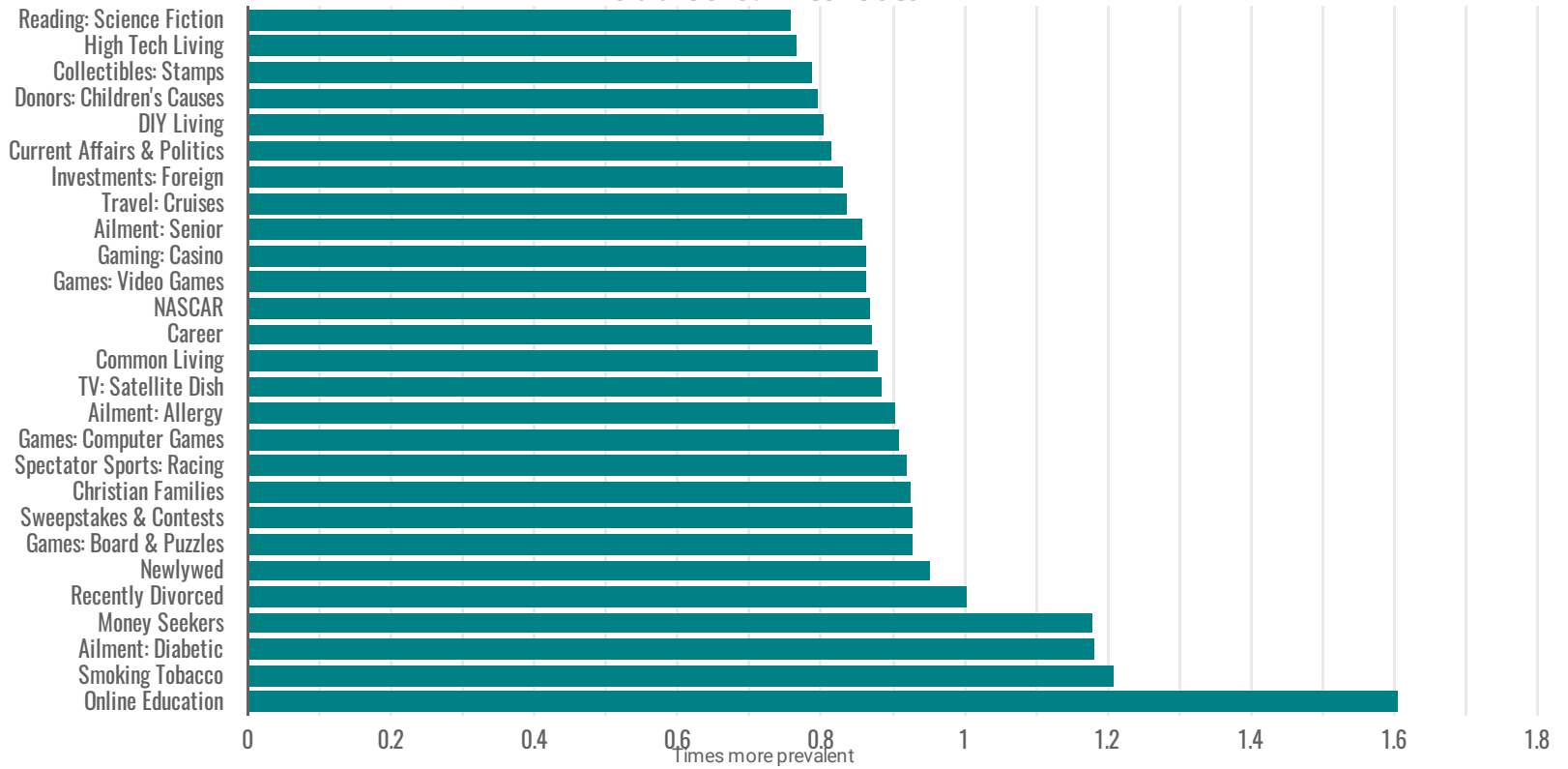


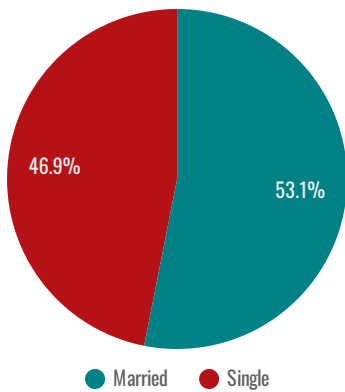


MY HEALTHCARE AUTHORITY

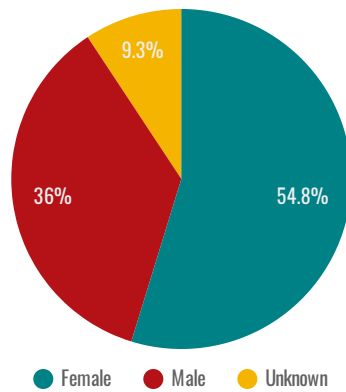
Hobbies & Interests



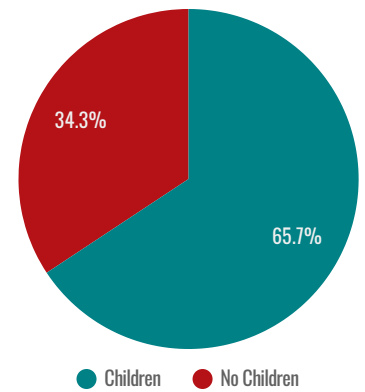
Marital Status



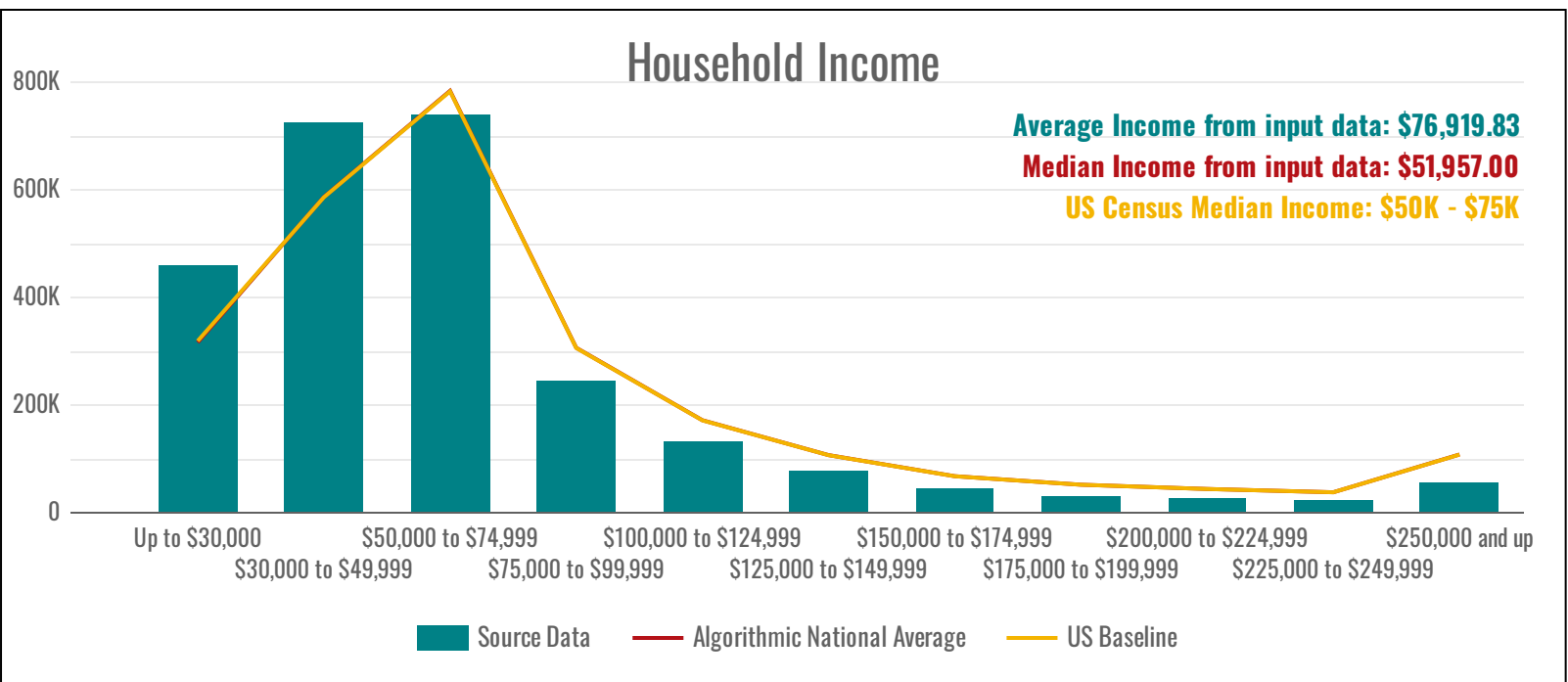
Gender

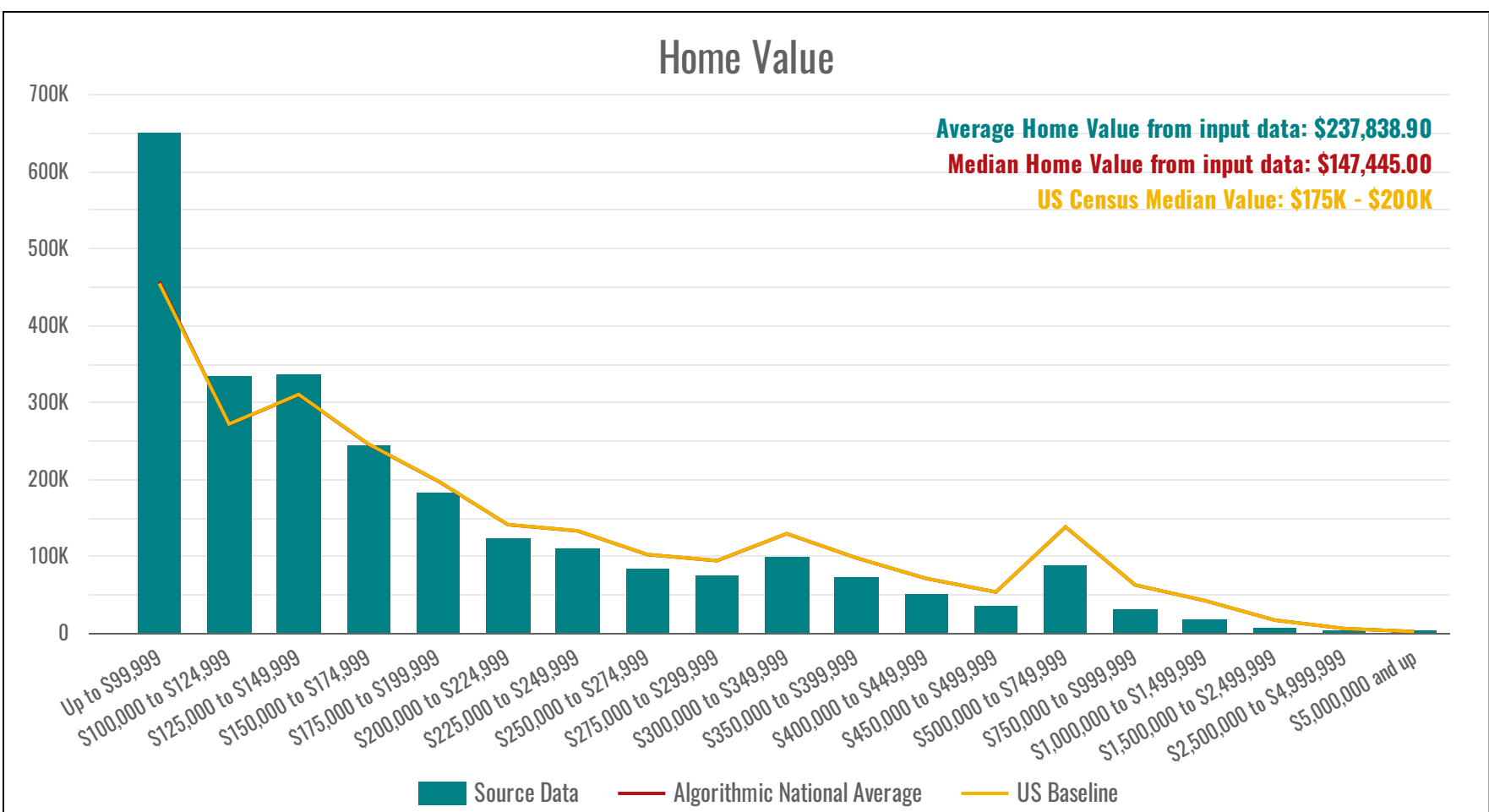
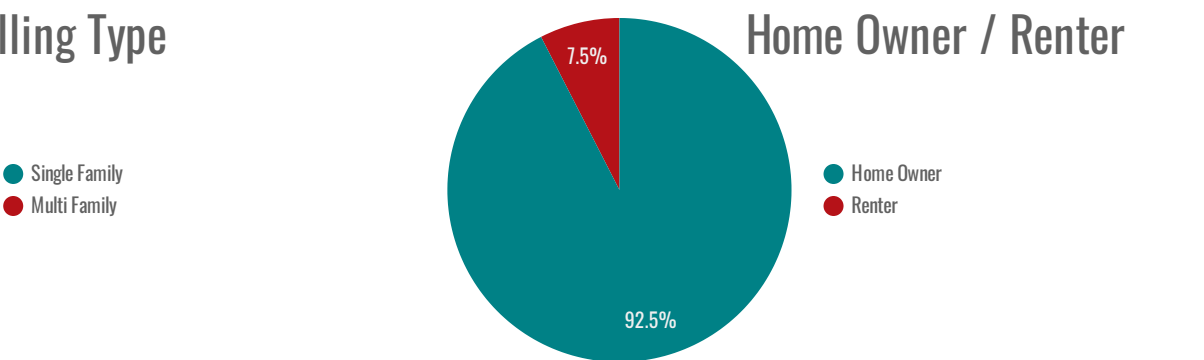
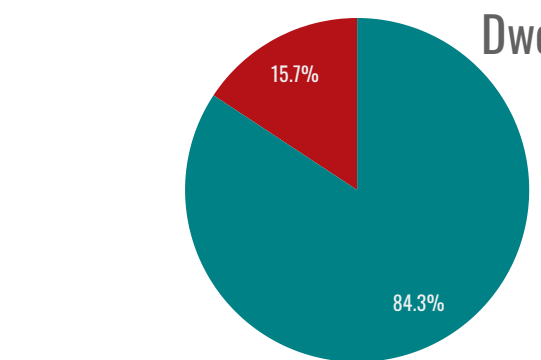
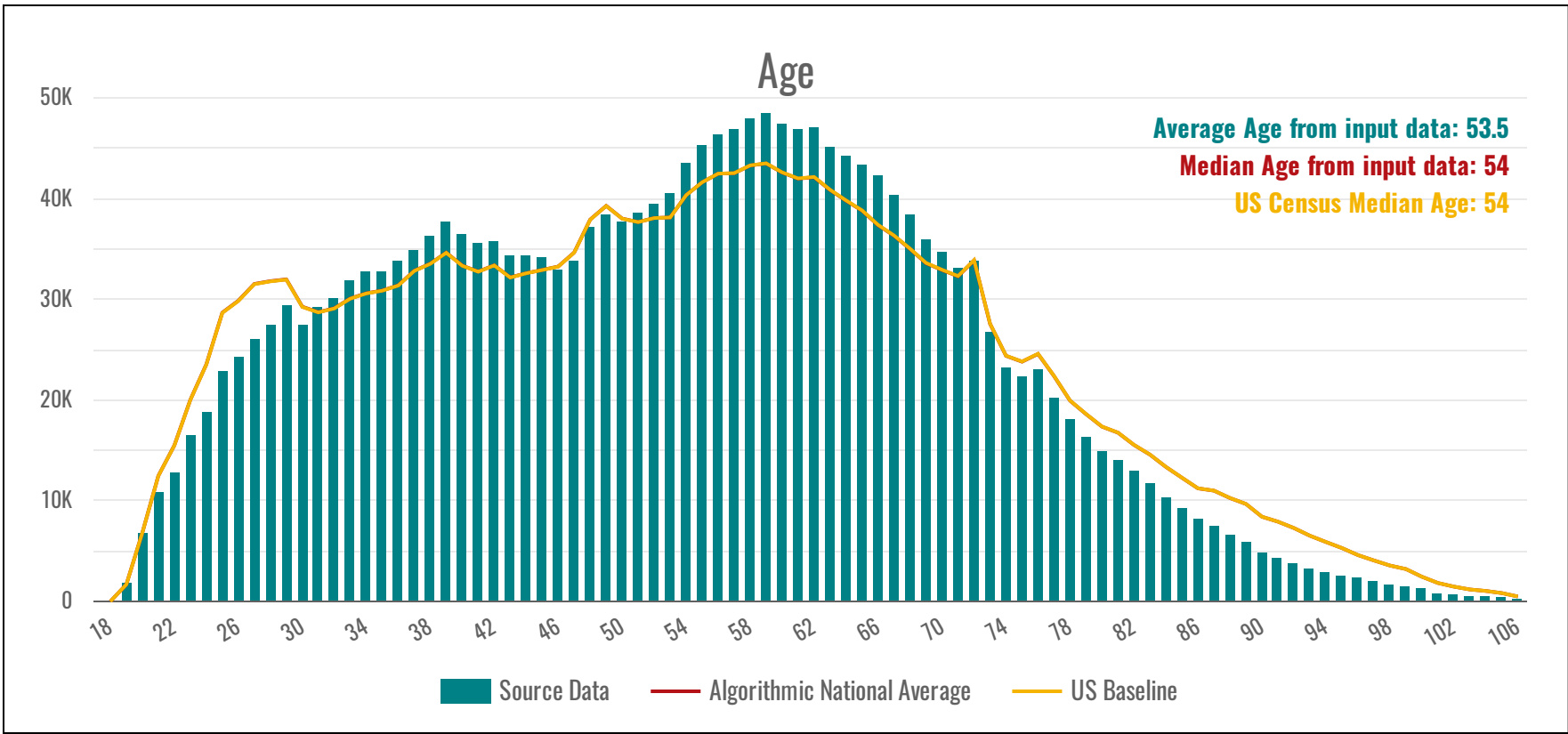


Children in Home



Household Income





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