

Have you had ANY of the following in the last 12 months or currently?
(Mark C for Current. X for in last 12 months)

GENERAL

Chills ___ Convulsions ___ Dizziness ___ Fainting ___ Fatigue ___ Fever ___ Headache ___ Loss of Sleep ___
Allergy ___ (to what _____) Loss of Weight ___ Nervousness ___ Wheezing ___ Bronchitis ___
Numbness in BOTH hands AND feet ___

CARDIOVASCULAR

High Blood Pressure ___ Low Blood Pressure ___ Pain over heart ___ Poor Circulation ___ Rapid Heartbeat ___
Previous Heart Problem ___ (Describe _____) Slow Heartbeat ___ Stroke ___ TIA ___
Swollen Ankles ___ Varicose Veins ___ Aortic Aneurysm ___ Bruise Easily ___

DISEASES/CONDITIONS

Appendicitis ___ Anemia ___ Arthritis ___ Alcoholism ___ Abdominal Surgery ___ Bleeding Disorder ___
Blood Clot(s) ___ Breathing Difficulty ___ Cancer ___ Cholesterol High ___ Colon Problems ___ Diabetes ___
Depression ___ Epilepsy ___ Eczema ___ Eating Disorder ___ Glaucoma ___ HIV + ___ Heart Disease ___
Hernia ___ Headaches ___ Influenza ___ Kidney Disease ___ Liver Disease ___ Low back Pain ___
Mental Illness ___ Measles ___ Mumps ___ Pleurisy ___ Pneumonia ___ Polio ___ Prostate Problems ___
Hyperthyroid ___ Hypothyroid ___ Rectal Surgery ___

EARS/EYES/NOSE/THROAT

Asthma ___ Crossed Eyes ___ Double Vision ___ Blurred Vision ___ Difficulty Swallowing ___ Deafness ___
Hearing Loss ___ Ear Pain ___ Thyroid Problem ___ Nose Bleeds ___ Sinus Problems ___ Sore Throats ___

GASTRO-INTESTINAL

Gas ___ Colon Trouble ___ Constipation ___ Diarrhea ___ Gallbladder Trouble ___ Hemorrhoids ___
Liver Trouble ___ Nausea ___ Stomach Ache ___ Poor Appetite ___ Poor Digestion ___ Vomiting ___
Vomiting Blood ___ Rectal Bleeding ___ Bloating ___

GENITO-URINARY

Blood in Urine ___ Frequent Urination ___ Inability to control urine ___ Kidney Infection ___ Painful Urination ___
Prostate Trouble ___ Painful Urination ___

FOR MEN ONLY

Lump in testicles ___ Penis discharge ___

FOR WOMEN ONLY

Menstrual Cramps ___ Excessive menstrual flow ___ Hot Flashes ___ Irregular Cycle ___ Painful Periods ___
Birth Control Pills ___ Abnormal Pap Smear ___

MUSCLE/JOINT/BONE

Backache ___ Foot Trouble ___ Pain Between Shoulders ___ Painful Tailbone ___ Stiff Neck ___
Spinal Curvature ___ Swollen Joints ___

NEUROLOGIC

Seizures ___ Dizziness ___ Hand Trembling ___ Weakness ___ Difficulty with speech ___ Loss of memory ___
Loss of coordination ___

RESPIRATORY

Chest Pain ___ Chronic Cough ___ Difficulty Breathing ___ Coughing/Spitting Blood ___

OFFICE USE ONLY:

Pn. Loc.:
