MEDICAL HISTORY

Have you a history of any of the following health problems? (Please check all that apply)

- ☐ No Problems
- ☐ Allergies
- ☐ Anemia (low blood count)
- ☐ Arthritis
- ☐ Asthma
- ☐ Back problems (including disk or spine)
- ☐ Cancer
- ☐ Cataracts
- ☐ Chickenpox (as a child)
- ☐ Chronic Bronchitis
- ☐ COPD (Emphysema)
- ☐ Diabetes
- ☐ Diverticulitis
- ☐ Fainting spells/ Passing out
- ☐ High cholesterol
- ☐ Fibromyalgia
- ☐ Gall Bladder disease
- ☐ Gastritis or Ulcer
- ☐ Glaucoma
- ☐ Gout
- ☐ Hearing Loss
- ☐ Heart disease
- ☐ Heart defect from birth
- ☐ Heart valve problems
- ☐ Hemorrhoids
- ☐ Hepatitis
- ☐ Hernia
- ☐ HIV
- ☐ Hypertension (High blood pressure)
- ☐ Hypotension (Low blood pressure)
- ☐ Inflammatory Bowel Disease
- ☐ Iron deficiency
- ☐ Kidney Disease
- ☐ Kidney Stones
- ☐ Liver disease (other)
- ☐ Lupus
- ☐ Migraine Headaches
- ☐ Multiple Sclerosis
- ☐ Obesity / Overweight
- ☐ Parkinson's Disease
- ☐ Polyps
- ☐ Seizures
- ☐ Sexually Transmitted Disease (STD)
- ☐ Sleep apnea
- ☐ Stroke/TIA
- ☐ Testosterone (low)
- ☐ Thyroid problems (hypothyroid/hyperthyroid)
- ☐ Tuberculosis or exposure to tuberculosis

Other:

Have you a history of surgery in any of the following areas? (Please check all that apply)

- ☐ No surgical history
- ☐ Back/Neck
- ☐ Brain
- ☐ Cardiac
- ☐ Ear/Nose/Throat
- ☐ Gall Bladder
- ☐ Hernia
- ☐ Hip/Knee/Ankle/Foot
- ☐ Hysterectomy (Ovaries Removed)
- ☐ Hysterectomy (Ovaries Retained)
- ☐ Intestine
- ☐ Kidney
- ☐ Liver
- ☐ Lung
- ☐ Pancreas
- ☐ Pelvis
- ☐ Penis
- ☐ Prostate
- ☐ Sex Change
- ☐ Shoulder/Elbow/Wrist/Hand
- ☐ Stomach
- ☐ Tonsils
- ☐ Vagina
- ☐ Weight Loss