

Circle those you presently have,
Underline those you have had previously.

GENERAL

Headache
 Fever
 Chills
 Sweats
 Fainting
 Dizziness
 Convulsions
 Loss of sleep
 Fatigue
 Nervousness
 Depression
 Numbness or pain
 Allergies
 Wheezing
 Neuralgia
 Nausea

EAR, NOSE, & THROAT

Failing vision
 Near sightedness
 Far sightedness
 Crossed eyes
 Blurred vision
 Deafness
 Earache
 Ear noises
 Ear discharge
 Sinus infection
 Nose bleeds
 Nasal obstruction
 Nasal drainage
 Sore throat
 Hoarseness

Dental decay
 Gum disease
 Frequent colds
 Enlarged thyroid
 Tonsillitis
 Enlarged glands
 Hay fever

SKIN

Skin eruptions
 Itching
 Bruise easily
 Dry skin
 Boils
 Moles
 Varicose veins
 Sensitive skin

Hives or allergy

RESPIRATORY

Chronic cough
 Spitting phlegm
 Spitting blood
 Chest pain
 Difficult breathing
 Shortness of breath

CARDIOVASCULAR

Rapid heartbeat
 Slow heartbeat
 High blood pressure
 Low blood pressure
 Pain over heart

Previous heart trouble
 Hardening of arteries
 Swelling of ankles
 Poor circulation
 Paralytic stroke

MUSCLE & JOINT

Stiff neck
 Backache
 Swollen joints
 Painful joints
 Tremors
 Muscle or joint weakness
 Painful tail bone
 Foot trouble
 Pain between shoulders
 Spinal curvature
 Faulty posture

GENITOURINARY

Frequent urination
 Painful urination
 Blood in urine
 Pus in urine
 Kidney infection or stones
 Bed wetting
 Inability to control urine
 Prostate trouble
 Hernia

GASTROINTESTINAL

Poor appetite

Poor digestion
 Excessive hunger
 Belching or gas
 Vomiting of blood
 Pain over stomach
 Distention of abdomen
 Constipation
 Diarrhea
 Colon trouble
 Hemorrhoids (Piles)
 Intestinal worms
 Liver trouble
 Gall bladder trouble
 Jaundice
 Colitis

FOR WOMEN ONLY

Painful menstrual periods
 Excessive flow
 Irregular cycle
 Cramps or backache
 Previous miscarriage
 Vaginal discharge
 Lumps in breast
 Menopausal symptoms
 Hot flashes
 Pregnant Yes No
 First day of your last
 Menstrual Cycle:

6. Other Information:

Please circle if you now have, or have had, any of the following:

Diabetes	Stroke	Plastic or Metal Plates	Frequent Fractures
Seizures	Recent Surgeries	I.U.D. or Diaphragm	Multiple Fractures
Dizziness	Pacemaker	Spinal Tap or Injection	Spontaneous Fractures
High Blood Pressure	Implants	Osteoporosis	T.I.A.
AIDS or AIDS related complex		Hepatitis B	Joint Replacement

7. Habits: Indicate heavy, moderate, light, or none.

Coffee _____ Tea _____ Alcohol _____ Tobacco _____ Exercise _____
 Sleep (# of hours) _____
 What are your hobbies? _____