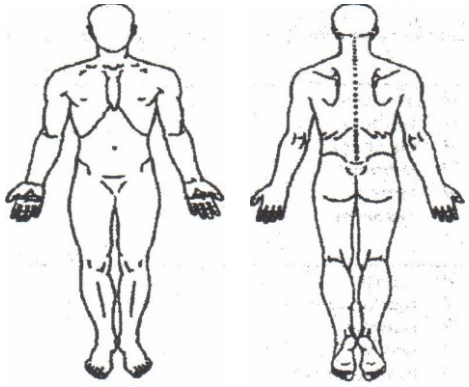
HEALTH HISTORY



Please mark the areas of complaint using the appropriate symbols:

Numbness or tingling	ooooo
Pins and needles	::::::::::
Burning	xxxxxx
Dull aching	///////
Stabbing	+++++
Stiff or tight	222222

Please **circle** box for any conditions or symptoms **presently** causing you problems.

Please **check** the box for any conditions or symptoms which have been a problem **in the past**.

Muscles and Joints:	**Neurological:**
☐ Neck Shoulders	☐ Concussion
☐ Shoulders	☐ Headache/Migraine
☐ Back	☐ Numbness
☐ Hips	☐ Tingling/Pins + Needles
☐ Legs	☐ Weak/Loss of Strength
☐ Knees	☐ Clumsiness
☐ Ankles	☐ Loss of Weight
☐ Feet/Toes	☐ Trouble Sleeping
☐ Arms	☐ Epilepsy
☐ Elbows	
☐ Wrists/Hands	**Vision/Hearing/Throat**
☐ Swollen Joints	☐ Visually Impaired
☐ Arthritis	☐ Hearing Impaired
☐ Fibromyalgia	☐ Ringing/Buzzing in Ears
	☐ Chronic Sinus Problems
Skin:	☐ Thyroid Problems
☐ Rashes/Hives	
☐ Itching/Dryness	**Women:**
☐ Bruise Easily	☐ Are you pregnant?
☐ Skin Allergies	☐ Mens. Cramps/Backache
	☐ Breasts Tender/Swelling
Smoking: Y N	☐ Pre-menopause Sympt.
Ever smoked? yrs	☐ Menopausal Symptoms
	# Pregnancies? _____
Men:	# Children? _____
☐ Prostate trouble	

Cardiovascular:	**Gastrointestinal:**
☐ High/Low Blood Pressure	☐ Diabetes (onset:_____)
☐ Angina/Chest Pain	☐ Constipation
☐ History of Heart Attack	☐ Diarrhea
☐ History of Stroke or TIA	☐ Irritable Bowel
☐ Chronic Cong. Heart Failure	☐ Indigestion/Reflux
☐ Phlebitis/Varicose Veins	☐ Abdominal Pain
☐ Deep Vein Thrombosis	
☐ Pacemaker/Similar Device	**Infectious Conditions:**
☐ Hemophilia	☐ Infectious Skin Condition
	☐ Infectious Respir. Cond.
Respiratory:	☐ Hepatitis
☐ COPD/Emphysema	☐ HIV
☐ Asthma	☐ Herpes
☐ Chronic Cough	
☐ Difficulty Breathing	
Family History:	**Indicate Self + Family History:**
☐ Cancer:	
☐ Diabetes:	
☐ Hist. of Cardiovasc. Diff.:	
☐ Hist. of Respiratory Diff.:	
☐ Mental Health Difficulties:	
☐ Osteoporosis:	
☐ Rheumatoid Arthritis:	

Name _____ Signature _____

Date of Initial Heath History:_____

Updates: 1_____ 2_____ 3_____ 4_____