

Below are a list of diseases which may seem unrelated to the purpose of your appointment. However, these questions must be answered carefully as these problems can affect your overall course of care.

CHECK ANY OF THE FOLLOWING DISEASE'S YOU HAVE HAD:

HEALTH HABITS:

- | | | |
|--|--|--|
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Small Pox | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Cancer | <input type="checkbox"/> Mental Disorder |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Eczema |
| <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Thyroid | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Pleurisy | <input type="checkbox"/> Gout | <input type="checkbox"/> Other |

- Alcohol (>2 drinks per week)
 Cigarettes
 Do You Exercise Regularly?
 Yes No
 How would you rate your nutrition?
 Excellent Fair Poor

Have you been tested HIV positive? Yes No

CHECK ANY OF THE FOLLOWING YOU HAVE HAD

MUSCULO-SKELETAL CODE

- Low Back Pain
 Pain between Shoulders
 Neck Pain Shoulder Pain
 Arm Pain Mid back Pain
 Joint Pain/Stiffness
 Walking Problems
 Difficult Chewing/Clicking Jaw
 General Stiffness
 Muscle Twitching/Spasms
 Swollen Joints
 Pain Legs/Feet
 Sciatica

NERVOUS SYSTEM CODE

- Nervous Loss of Balance
 Numbness
 Dizziness
 Forgetfulness (Memory/Concentration)
 Depression
 Convulsions
 Numb/Tingling Extremities
 Stress

GENERAL CODE

- Fatigue/Low Energy
 Allergies/Hay fever
 Loss of Sleep/Trouble Sleeping
 Fever
 Headaches
 Inner Tension/Stress
 Irritability

GASTRO-INTESTINAL CODE

- Poor/Excessive Appetite
 Excessive Thirst
 Frequent Nausea
 Vomiting Diarrhea
 Constipation
 Hemorrhoids
 Liver Problems

- Gall Bladder Problems
 Weight Trouble
 Abdominal Cramps
 Indigestion
 Gas/Bloating after Meals
 Heartburn
 Black/Bloody Stool
 Colitis
 Ulcers

GENITO-URINARY CODE

- Bladder Trouble
 Painful/Excessive Urination
 Discolored Urine
 Kidney Trouble

CARDIO-VASCULAR CODE

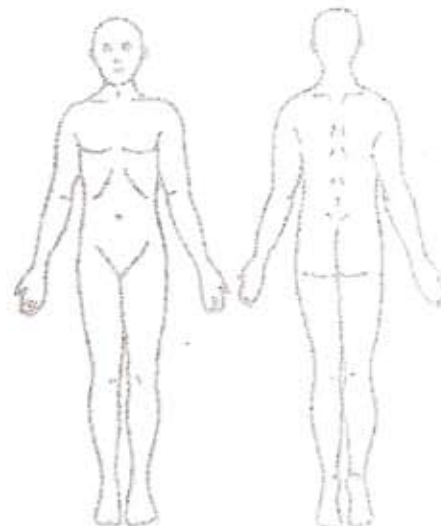
- Chest Pain
 Shortness of Breath
 High Blood Pressure
 High Cholesterol
 Irregular Heartbeat
 Heart Problems
 Lung Problems/Congestion
 Varicose Veins
 Ankle Swelling
 Stroke
 Asthma

EENT CODE

- Vision Problem
 Dental Problems
 Sore Throat
 Ear Ache
 Hearing Difficult
 Sinus Trouble
 Loss of Smell
 Loss of Taste
 Ringing in ears

MALES ONLY CODE

- Prostate
 Sexual Dysfunction



Please outline on the diagram the area of your discomfort.

FAMILY HISTORY

- The following members have the same or similar problem as I do:
 Mother
 Father
 Brother
 Sister
 Spouse
 Child

FEMALES ONLY

- Menstrual Irregularity
 Menstrual Cramps
 Vaginal Pain/Infection
 Breast Pain/Lumps
 Other

When was your last period?

- Are you pregnant?
 Yes No Not Sure