

Your Health History

- Arthritis Osteo
- Arthritis Rheumatoid
- Bone Disease
- Broken/ Fractured Bone
- Bursitis
- Carpal Tunnel Syndrome
- Disks (ruptured, Slipped, Bulging)

- Airborne Allergy
- Anemia
- Asthma
- Blood Clot/ Phlebitis
- Cold All Over

- Skin Allergy to: _____
- Eczema
 - Itchy Skin

- Bladder Problem
- Constipation
- Dental Problem
- Diarrhea
- Diverticulitis

- Chronic Fatigue
- Chronic Pain
- Frequent Headache

FOR WOMEN:

- Mensus: Regular/ Irregular/ Painful
- Birth Control Pills for ____ Years
- Pregnancies #: _____
- Pregnancies: Normal/ Problematic
- Pregnant: Trimester – 1 2 3
- Hormone Replacement Therapy

FOR MEN:

- Prostate/ Testicular Problem
- Vasectomy: Year _____

- Measles
- Mumps
- Regularly Use
- Sugar
- Meds For: _____
- Other Substances
- Food Allergy
- Sight Impairment
- Wear Contacts
- Cancer: Area _____
- Year of Cancer: _____

Musculoskeletal

- Fibromyalgia
- Head Injury
- Neck Injury
- Whiplash
- Jaw or TMJ Pain
- Joint
- Right: Elbow/ Wrist/ Knee/ Ankle
- Left: Elbow/ Wrist/ Knee/ Ankle

Cardiovascular/ Respiratory

- Cold Hands
- Diabetes
- Hypoglycemia (low blood sugar)
- Heart Attack
- Heart Condition
- Hypertension (High BP)

Skin

- Significant Scar At: _____
- Other: _____

Gastrointestinal

- Excessive Thirst
- Frequent Urination
- Gas/ Bloating
- Irritable Bowels
- Kidney Problems

Nervous System

- Frequently Tired Upon Wakening
- Head Injury/ Impact to Head
- Migraine/ Diagnosed

Reproductive System

- PMS
- Endometriosis
- Problem In Current Pregnancy
- Synthetic HRT/ Natural HRT

Infectious Diseases/ Illnesses

- Chickenpox
- Shingles

Other

- Caffeine
- Alcohol
- Eating Disorder
- Bruise Easily
- Smelling Impairment
- Hearing Impairment
- Mental Health Diagnosis: _____

- Leg/ Foot Cramping
- Muscle Diseases
- Osteoporosis
- Severe Sprain/ Strain
- Tendonitis

OTHER: _____

- Low Blood Pressure
- Shortness of Breath
- Sinus Problems
- Swollen Tissue/Edema
- Varicose Vein
- Other: _____

- Athlete's Foot
- Cyst
- Dry Skin
- Rash

- Liver Problems
- Mouth/ Dental Pain
- Perspiration Excessive/ Little

- Sleep Disorder
- Other: _____

- Infertility
- Hysterectomy: Year _____
- Menopausal
- Post-Menopausal

FOR MEN AND WOMEN:

- Breast Lumps/ Cysts
- Other: _____

Other

Nicotine

- Regularly Use Computer
- Wear Hearing Aid
- Other

Surgical Procedures and Year of Surgery: _____