



Patient Name (Print)

Patient Date of Birth

**Medical History**

- Alcoholism
- Alzheimer's
- Anxiety/Depression
- Arthritis
- Blood Clots
- Cancer
- Diabetes
- Epilepsy
- Glaucoma
- Heart Attack
- High Blood Pressure
- High Cholesterol
- Kidney Disease
- Liver Disease
- Mental Illness
- Osteoporosis
- Reflux Disease
- Stroke
- Stomach Problems
- Thyroid

**General**

- Chills
- Anxiety/Depression
- Fever
- Forgetfulness
- Headache
- Loss of Sleep
- Numbness
- Sweats
- Weight Loss

**Cardiovascular**

- Chest Pain
- High/Low Blood Pressure
- Irregular/Rapid Heartbeat
- Poor Circulation
- Swelling of Ankles
- Varicose Veins

**Skin**

- Bruise Easily
- Hives
- Itching/Rash
- Scars
- Sores that will not heal

**Muscle/Joint/Bone**

Pain, weakness and/or numbness in:

- Arms
- Back
- Feet
- Hands
- Hips
- Legs
- Neck
- Shoulder

**Gastrointestinal**

- Bloating
- Bowel Changes
- Constipation
- Diarrhea
- Excessive Thirst
- Gas
- Hemorrhoids
- Indigestion
- Loss of Appetite
- Nausea
- Rectal Bleeding
- Stomach Pain
- Vomiting

**Ear/Eyes/Nose/Throat**

- Bleeding Gums
- Blurred Vision
- Difficulty Swallowing
- Double Vision
- Earache
- Ear Discharge
- Hay Fever
- Hoarseness
- Hearing Loss
- Nosebleeds
- Persistent Coughs
- Ringing in Ears
- Sinus Issues

**Urinary**

- Bladder Incontinence
- Blood in Urine
- Frequent Urination
- Painful Urination