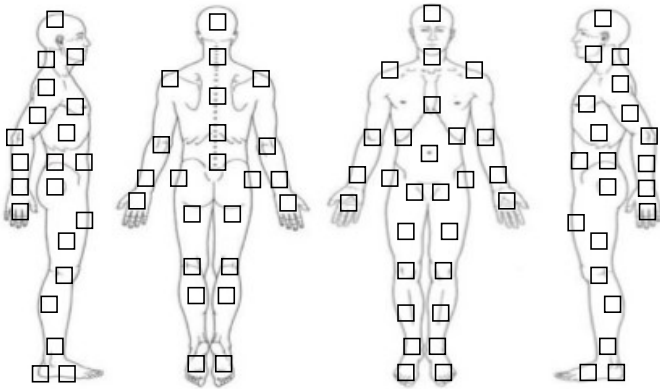


MEDICAL HISTORY

Please indicate where you have pain or other symptoms



None _____ → Unbearable
 0 1 2 3 4 5 6 7 8 9 10

HEIGHT: _____ WEIGHT: _____

MEDICATIONS:

Please list all over the counter and prescription medications you are currently taking. Include dosage & frequency.

SURGICAL HISTORY:

List any surgical procedures you have had and the dates they were performed.

DIAGNOSTIC TESTING:

Please check any diagnostic testing and/or treatments you have completed for this condition.

<input type="checkbox"/> MRI	<input type="checkbox"/> CT Scan
<input type="checkbox"/> Nerve Block	<input type="checkbox"/> Ultrasound
<input type="checkbox"/> X Ray	<input type="checkbox"/> Bone Scan
<input type="checkbox"/> Blood Tests	<input type="checkbox"/> Doppler Studies
<input type="checkbox"/> EMG	<input type="checkbox"/> Cardiac Stress Test
<input type="checkbox"/> Injections	<input type="checkbox"/> Urinalysis
<input type="checkbox"/> Other: _____	

- Congenital Heart Defect
- Cancer
- Heart Problems/Heart Disease
- Joint Replacement/Repair
- Joint, Tendon or Muscular Pain
- Gastrointestinal Issues
- Osteoporosis
- Skin Problems
- Pacemaker
- Psychological
- High or Low Blood Pressure
- High or Low Blood Sugar
- Chest Pain/Angina/Palpitations
- High Cholesterol
- Abdominal Pain/Bloating/Gas
- Emphysema
- Shortness of Breath
- Poor Balance Recent Falls
- Coughing/Wheezing or Exertion
- Dizziness/Vertigo/Fainting/Blackouts
- Gout
- Severe Headaches
- Rheumatoid Arthritis
- Prostate Problems
- Anemia
- Epilepsy/Seizure Disorders
- Ulcers
- Circulation Problems/ Blood Clots
- Depression
- Liver Disease
- Kidney Disease
- Sexually Transmitted Disease/HIV/AIDS
- Tuberculosis
- Lung Disease
- Thyroid Problems
- Allergies
- Asthma/Bronchitis/Pneumonia/Chronic Cough
- Diabetes
- Stroke
- Chemical Dependency (Alcoholism)
- Latex Allergy
- Lyme Disease
- Hepatitis A, B, C
- Painful Bowels/Loose Stool/Constipation
- Multiple Sclerosis
- Depression/Anxiety/Panic Attacks
- Other: _____

Please provide details regarding the above checked conditions:

