

# HEALTH HISTORY

Name \_\_\_\_\_

Date: \_\_\_\_\_

Please check the appropriate box for any of the following symptoms that you now have or have had previously.

C= Constant F= Frequent O= Occasional

## C F O

### NEUROLOGICAL

- Allergies
- Chills
- Seizures
- Dizziness
- Fainting
- Fevers
- Headaches
- Difficulty sleeping
- Fatigue
- Nervousness
- Depression
- Numbness
- Sweats
- Tremors

### MUSCLE & JOINT

- Arthritis
- Bursitis
- Foot trouble
- Hernia
- Low back pain
- Neck pain
- Neck stiffness
- Pain between shoulders

### RESPIRATORY

- Chest pain
- Chronic cough
- Difficulty breathing
- Asthma

### EARS,EYES,NOSE &THROAT

- Colds
- Deafness
- Ear Aches
- Ear Infections
- Ear Noises

## C F O

- Sinus conditions
- Enlarged glands
- Enlarged thyroid
- Sore throat
- Tonsillitis
- Failing vision
- Hay fever
- Hoarseness
- Nasal obstruction
- Nosebleeds

### CARDIO-VASCULAR

- Heart murmur
- Swelling of ankles
- Cold hands or feet
- High cholesterol
- High blood pressure
- Low blood pressure
- Heart Attack

### GASTRO INTESTINAL

- Excessive hunger
- Burping or gas
- Liver condition
- Colitis
- Colon trouble
- Constipation
- Diarrhea
- Difficult digestion
- Gall bladder trouble
- Poor appetite
- Nausea
- Vomiting
- Stomach Ulcer
- Loss of weight
- Loss of bowel contro

## C F O

### SKIN

- Bruise easily
- Dryness
- Hives or Allergy
- Skin Rash
- Psoriasis
- Varicose veins

### GENITO-URINARY

- Blood in urine
- Frequent urination
- Loss of bladder control
- Kidney infection
- Bladder infection
- Painful urination
- Prostate trouble

### PAIN OR NUMBNESS IN

- Shoulders
- Arms
- Hands
- Hips
- Legs
- Knees
- Ankles
- Feet
- Painful tailbone
- Sciatica
- Swollen Joints

### FOR WOMEN ONLY

- Cramps
- Heavy flow
- Light flow
- Irregular Cycle
- Menopausal:  Yes  No
- Last menstruation date: \_\_\_\_\_

Pregnant:  Yes  No

Due Date: \_\_\_\_\_