

### Health History

Check the following conditions that apply to you, past and present.

#### Musculo/Skeletal

- Headaches
- Joint stiffness/swelling
- Spasms/cramps
- Broken/fractured bones
- Strains/sprains

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- Back, hip pain
  - Shoulder, neck, arm, hand pain
  - Leg, foot pain
  - Chest, ribs, abdominal pain
  - Problems walking
  - Jaw pain/TMJ
  - Tendinitis
  - Bursitis
  - Arthritis
  - Osteoporosis
  - Scoliosis
  - Bone or joint disease
  - Sacroiliac problems

#### Digestive

- Nervous stomach
  - Indigestion
  - Constipation
  - Gas/bloating
  - Diarrhea
  - Diverticulitis
  - Irritable bowel syndrome
  - Crohn's Disease
  - Colitis
  - Eating disorder
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#### Circulatory Respiratory

- Dizziness
- Shortness of breath
- Fainting
- Cold feet or hands
- Cold sweats
- Swollen ankles
- Pressure sores
- Varicose veins
- Blood clots
- Stroke
- Heart condition
- Allergies
- Sinus Problems / Congestion
- Asthma
- High blood pressure
- Low blood pressure
- Diabetes
- Bladder infection
- Lymphedema

#### Skin

- Areas of broken skin
- Bruises
- Rashes
- Allergies
- Athlete's Foot
- Warts
- Acne
- Cosmetic surgery
- Skin Cancer

#### Other

- Hearing impaired
  - Nicotine use
  - Drug use:
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#### Nervous System

- Numbness/tingling
- Fatigue
- Twitching of face
- Sciatica
- Chronic pain
- Sleep disorders
- Ulcers
- Paralysis
- Herpes/shingles
- Cerebral Palsy
- Epilepsy
- Fibromyalgia
- Chronic Fatigue Syndrome
- Multiple Sclerosis
- Muscular Dystrophy
- Parkinson's disease
- Spinal cord injury
- Diabetic neuropathy

#### Reproductive System

- Pregnancy:
  - Current  Previous
- Breast Implant
- Mastectomy
  - Right  Left
- PMS
- Menopause
- Pelvic Inflammatory Disease
- Endometriosis
- Hysterectomy
- Prostate problems
- Post/Polio Syndrome
- Cancer

Infectious disease:

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Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_