

Please “check” any conditions you are experiencing or ever have experienced:

Soft Tissue/ Joints

- neck
- upper back
- mid-back
- low back
- shoulders
- elbows
- wrists
- hands
- hips
- knees
- ankles
- scoliosis
- osteoporosis
- rep. strain injury
- other _____

Infectious

- TB
- HIV/AIDS
- HEP/ type _____
- skin condition

Women

- pregnancy, due: _____
- menopause
- menstrual concerns
- last period _____

VBA Status

- smoking
- oral contraception
- alcohol consumption

Head and Neck

- sinus
- vision/eyes
- hearing/ear
- headache
- whiplash

Respiratory

- asthma
- chronic cough
- emphysema
- bronchitis
- shortness of breath

Cardiovascular

- abnormal BP/cholesterol
- heart attack
- stroke/family history
- phlebitis
- heart disease
- angina
- lymph edema
- circulation
- hemophilia
- varicose veins
- pacemaker
- other _____

Skin

- sensitivity
- allergy
- eczema/psoriasis
- rashes
- bruise easily
- warts

Digestive/Urinary

- constipation
- digestion
- kidney/bladder
- IBS
- diverticulitis
- Crohn’s
- ulcers

Other

- loss of sensation
- diabetes, onset:
- allergies
- dizziness
- epilepsy
- cancer
- stress
- depression
- anxiety
- fibromyalgia
- chronic fatigue
- ADD
- other

Any other disease, condition or note requiring special attention:

(e.g., gynecological conditions, hemophilia, presence of pins, wires, plates)

Please let us know of any changes in your health at any time.

It is the patient’s responsibility to disclose all health information for appropriate care.