HEALTH INFORMATION

Current medications, dose, frequency and purpose (including OTC's)_____

_____

HEALTH HISTORY *indicate year, treatment and any ongoing effects*

Serious illnesses_____

_____

Surgeries_____

_____

Accidents or trauma _____

_____

Other conditions than below (vision, hearing, glandular, emotional, etc.)_____

_____

SPECIFIC CONDITIONS *indicate: **C** if current and how long, **R** if recurring and approx. frequency, **P** if in the past and year. Add location or other specific info.*

____ osteoporosis _____
____ bone disease_____
____ joint disease_____
____ arthritis_____
____ tendonitis_____
____ bursitis_____
____ broken bones_____
____ sprains/strains _____
____ low back injury/pain _____
____ hip, leg injury/pain _____
____ neck injury/pain _____
____ shoulder injury/pain _____
____ arm, hand injury/pain_____
____ head injury_____
____ head aches _____
____ migraine_____
____ muscle cramps_____
____ jaw pain/TMJ _____
____ lupus_____
____ heart condition _____
____ varicose veins_____
____ blood clots _____
____ high blood pressure _____
____ low blood pressure_____
____ lymphedema _____
____ breathing difficulty _____
____ asthma_____
____ emphysema_____
____ sinus problems _____

____ rashes_____
____ athletes foot_____
____ warts_____
____ constipation _____
____ gas/bloating _____
____ diverticulitis_____
____ irritable bowel_____
____ seizures _____
____ herpes/shingles _____
____ numbness/tingling _____
____ neuropathy_____
____ CFS _____
____ fibromyalgia _____
____ fatigue_____
____ sleep disorders_____
____ pregnancy_____
____ severe PMS _____
____ cancer/tumors_____
____ diabetes _____
____ eating disorders _____
____ depression _____
____ substance addiction _____
____ current infectious disease_____
____ allergies _____
____ other_____
____ other_____
____ other_____
____ other_____
____ other_____

Please read and sign below.

I have listed or indicated all medical conditions that I am aware of and will update the practitioner of any changes in my health status.

Date_____Signature_____