

Patient Medical History

Please mark the following conditions that apply to your medical history

Allergies

- Hay Fever
- Food Allergies
- Allergies to:

Arthritis

- Gout
- Osteoarthritis, location
- Rheumatoid arthritis
- Osteoporosis

Endocrine Disorders

- Diabetes
- Hypoglycemia
- Parathyroid Disease
- Thyroid disease

Eye Disorders

- Glaucoma
- Other:

HIV

- Positive HIV
- AIDS

Kidney/Urinary Disorders

- Bladder Infections
- Blood in urine
- Kidney disease
- Sugar in urine
- Other:

- Bruise easily
- Frequent stressful situations
- History of alcohol abuse
- History of substance abuse
- Use extra pillows for breathing

Nerve Disorders

- Cerebral palsy
- Epilepsy
- Neuralgia
- Multiple sclerosis
- Neuropathy (painful touch)
- Stroke
- Other:

Artificial Implants

- Heart Pacemaker
- Heart Valve
- Joint replacement
- Other:

Blood Disorders

- Anemia
- Hemophilia
- Leukemia
- Sickle cell anemia
- Bruise easily

Heart/Circulatory Disorders

- Arteriosclerosis
- Congenital heart disorder
- Heart murmur
- Heart palpitations
- High or low blood pressure
- Poor Circulation
- Rheumatic or Scarlet fever

Miscellaneous Health Condition

- Chronic fatigue
- Frequent ill
- Psychiatric care
- Swollen, stiff, painful joints
- Insomnia

Liver Disease

- Cirrhosis
- Hepatitis A/B/C
- Other:

Lung/Respiratory Disorders

- Asthma
- Emphysema
- Frequent cough
- Shortness of breath
- Tuberculosis
- Other:

Stomach/Intestinal Disorders

- Bloating/frequent gas
- Colitis
- Constipation
- Frequent diarrhea
- Gallbladders problems
- Heartburn
- Poor digestion

Cancer Treatment or Tumor

Please describe:

- Nervousness
- Osteoporosis
- Skin conditions
- Tired muscles

Do you have back and/or neck conditions? Y or N (please describe if yes)

Have you ever taken bone density medications such as Fosamax? Y or N (If yes, how long?)

Additional information you feel is important regarding your health (please explain)