



**Health history continue**

Check symptoms you have had in the **last 3 months**

- Depression
- Difficulty in focusing
- Dizziness
- Easily startled
- Excessive worry
- Excessive fear
- Overwhelmed by life
- Fatigue/tiredness
- Headaches
- Loss or gain of weight
- Nervousness/irritability

Check conditions you have or have had in the past:

- AIDS
- Allergies
- Anemia
- Arthritis
- Bleeding disorders
- Breast lump
- Cancer
- Diabetes
- Hepatitis/liver disease
- How long has it been since you have had a complete medical exam? \_\_\_\_\_

**MUSCLE/JOINT BONE**

- Tremors
- Swollen joints

Pain weakness or numbness in:

- Arms
- Back/hips
- Legs
- Feet
- Neck
- Shoulders
- Other \_\_\_\_\_

**EYES/EARS/NOSE/THROAT/RESPIRATORY**

- Asthma
- Blurred or failing vision
- Difficulty breathing
- Earache
- Enlarged glands
- Eye pain
- Frequent colds
- Hay fever
- Hoarseness
- Gum trouble
- Nose bleeds
- Loss of hearing
- Persistent cough
- Ringing in ears
- Sinus problems

**SKIN**

- Boils
- Bruise easily
- Dry skin
- Itching/rash
- Sensitive skin

**SKIN CONT'D**

- Sensitive skin
- Sore(s) that will not heal
- Sweats
- Other \_\_\_\_\_

**GENITO/URINARY**

- Blood/pus in urine
- Frequent urination
- Inability to control urine
- Kidney infections
- Lowered libido
- Other \_\_\_\_\_

**CARDIOVASCULAR**

- Chest pain
- Hardening of arteries
- High or low blood pressure
- Pain over heart
- Poor circulation
- Previous heart attack
- Rapid/irregular heart beat
- Swelling of ankle
- Other \_\_\_\_\_

**GASTROINTESTINAL**

- Belching, gas or bloating
- Colon trouble
- Constipation
- Diarrhea
- Difficulty swallowing
- Distention of abdomen
- Excessive hunger
- Gall Bladder trouble
- Hemorrhoids (piles)
- Indigestion
- Nausea
- Pain over stomach
- Poor appetite
- Vomiting
- Other \_\_\_\_\_

List medications you are currently taking:

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**The information on this form is correct to the best of my knowledge.**

\_\_\_\_\_  
PATIENT/GUARDIAN  
SIGNATURE

\_\_\_\_\_  
DATE