

# Health History

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

## Musculo-Skeletal

- Headaches
- Joint stiffness/swelling
- Spams/cramps
- Broken/fractured bones
- Strains/sprains
- Back, hip pain
- Shoulder, neck, arm hand pain
- Leg, foot pain
- Chest, ribs, abdominal pain
- Problems walking
- Jaw pain/TMJ
- Tendonitis
- Bursitis
- Arthritis
- Osteoporosis
- Scoliosis
- Other: \_\_\_\_\_

## Circulatory and Respiratory

- Dizziness
- Shortness of breath
- Fainting
- Cold feet or hands
- Cold sweats

- Stroke
- Heart Condition
- Allergies
- Asthma
- High blood pressure
- Low blood pressure
- Other: \_\_\_\_\_

## Skin

- Rashes
- Allergies
- Athlete's foot
- Acne

## Digestive

- Indigestion
- Constipation
- Intestinal gas/bloating
- Diarrhea
- Irritable bowel syndrome
- Crohn's disease
- Colitis
- Other: \_\_\_\_\_

## Nervous System

- Numbness/tingling
- Fatigue
- Sleep disorders
- Ulcers

- Paralysis
- Herpes/shingles
- Cerebral Palsy
- Epilepsy
- Chronic Fatigue Syndrome
- Multiple Sclerosis
- Muscular Dystrophy
- Parkinson's disease
- Other: \_\_\_\_\_

## Reproductive System

- Pregnancy

## Other

- Loss of appetite
- Depression
- Difficulty concentrating
- Hearing impaired
- Visually impaired
- Diabetes
- Fibromyalgia
- Post/Polio Syndrome
- Cancer
- HIV/AIDS
- Other: \_\_\_\_\_