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| **Name:** | |  | |
| **Past Medical History** | | |
|  | Arthritis | |
|  | Allergies/hay fever | |
|  | Asthma | |
|  | Alcoholism | |
|  | Alzheimer’s disease | |
|  | Autoimmune disease | |
|  | Blood pressure problems | |
|  | Bronchitis | |
|  | Cancer | |
|  | Chronic fatigue syndrome | |
|  | Carpal tunnel syndrome | |
|  | Cholesterol, elevated | |
|  | Circulatory problems | |
|  | Colitis | |
|  | Dental problems | |
|  | Depression | |
|  | Diabetes | |
|  | Diverticular disease | |
|  | Drug addiction | |
|  | Eating disorder | |
|  | Epilepsy | |
|  | Emphysema | |
|  | Eyes, ears, nose, throat problems | |
|  | Environmental sensitivities | |
|  | Fibromyalgia | |
|  | Food intolerance | |
|  | Gastroesophageal reflux disease | |
|  | Genetic disorder | |
|  | Glaucoma | |
|  | Gout | |
|  | Heart disease | |
|  | Infection, chronic | |
|  | Inflammatory bowel disease | |

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|  | Irritable bowel syndrome |
|  | Kidney or bladder disease |
|  | Learning disabilities |
|  | Liver or gallbladder disease (stones) |
|  | Mental illness |
|  | Mental retardation |
|  | Migraine headaches |
|  | Neurological problems (Parkinson’s, paralysis) |
|  | Sinus problems |
|  | Stroke |
|  | Thyroid trouble |
|  | Obesity |
|  | Osteoporosis |
|  | Pneumonia |
|  | Sexually transmitted disease |
|  | Skin problems |
|  | Tuberculosis |
|  | Ulcer |
|  | Urinary tract infection |
|  | Varicose veins |
|  | Other: |
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| **Family History** | |
|  | Arthritis |
|  | Asthma |
|  | Alcoholism |
|  | Alzheimer’s disease |
|  | Cancer |
|  | Depression |
|  | Diabetes |
|  | Drug addiction |
|  | Eating disorder |
|  | Genetic disorder |
|  | Glaucoma |
|  | Heart disease |
|  | Infertility |
|  | Learning disabilities |
|  | Mental illness |
|  | Mental retardation |
|  | Migraine headaches |
|  | Neurological problems (Parkinson’s, paralysis) |
|  | Obesity |
|  | Osteoporosis |
|  | Stroke |
|  | Suicide |
|  | Other: |
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| **Health Habits** | | | | | | | | | | |
| Tobacco | | Y | |  | | N | |  | |
|  | Cigarettes | | | |  | | | | | |
|  | Dip/Chew | | | |  | | | | | |
|  | E-Cig | | | |  | | | | | |
|  | Other | | | |  | | | | | |
| Alcohol | | Y | |  | | N | |  | |
|  | Daily? | | | |  | | | | | |
|  | Socially? | | | |  | | | | | |
| Drug Use | | | Y | |  | | N | |  | |
|  | Past? | | | |  | | | | | |
|  | Current? | | | |  | | | | | |