

Please check conditions, which you have had?

GENERAL

- Serious Infections (e.g. pneumonia) _____
- Diabetes Mellitus
- Rheumatic Fever
- HIV Infection
- Cancer (where?) _____

HEENT

- Glaucoma
- Allergies "hay fever"
- Frequent Ear Infections
- Frequent Sinus Infections

LYMPHATIC / HEMATOLOGIC

- Thyroid Goiter
- Over Active Thyroid
- Under Active Thyroid
- Transfusions
- Anemia

- Kidney Failure
- Prostate Disease
- Endometriosis
- Sex Transmitted Infection

RESPIRATORY

- Asthma
- Emphysema
- Blood Clots in Lungs
- Sleep Apnea

GI / GU

- Stomach Ulcers
- Ulcerative Colitis
- Crohns Disease
- Bleeding from Intestines
- Diverticulitis
- Colon Polyps
- Irritable Bowel Disease
- Hepatitis
- Cirrhosis of the Liver
- Liver Failure
- Pancreatitis
- Gallstones
- Kidney Stones

SKIN / BREAST

- Acne
- Eczema
- Psoriasis
- Fibrocystic Breast Disease

CVS

- High Blood Pressure
- Congestive Heart Failure
- Heart Murmur
- Heart Valve Disease
- Angina
- Heart Attack
- High Cholesterol
- Abnormal Heart Rhythm
- Blood Clots in Venus
- Blocked Arteries in Neck
- Blocked Arteries in Legs

MUSCULOSKELETAL / EXTREMITIES

- Osteoporosis
- Rheumatoid Arthritis
- Degenerative Joint Disease
- Fibromyalgia
- Neck Pain (herniated disc)
- Back Pain (herniated disc)

NEUROLOGIC / PSYCHIATRIC

- Chronic Vertigo (Meniere's)
- Peripheral Nerve Disease
- Migraine Headaches
- Stroke
- Multiple Sclerosis
- Depression
- Anxiety

Doctor's Notes: _____

Please indicate any surgeries you have had and the year you had them.

- | | | | |
|----------------------------|---------------------------|---------------------|--------------------|
| Year | Year | Year | Year |
| ___Angioplasty | ___Trauma Related Surgery | ___Stomach Surgery | ___Tubal Ligation |
| ___Carotid Artery Surgery | ___Back or Neck Surgery | ___Inguinal Hernia | ___C-Section |
| ___Other Vascular Surgery | ___Hip Surgery | ___Colonoscopy | ___Hysterectomy |
| ___Coronary Bypass Surgery | ___Knee Surgery | ___Gallbladder | ___Ovary Removed |
| ___Chest / Lung Surgery | ___Carpal Tunnel Surgery | ___Appendectomy | ___Breast Surgery |
| ___Tonsillectomy | ___Sinus Surgery | ___Prostate Surgery | ___Thyroid Surgery |
| ___Neurosurgery | ___Ear Surgery | ___Bladder Surgery | ___other _____ |

Doctor's Notes: _____

Please indicate when you last had any of the following preventative tests or services.

- | | | | |
|----------------------|----------------------|-------------------------------|-------------------------------|
| Year | Year | Year | Year |
| ___Cardiac Angiogram | ___Flu Vaccine | ___Prostate Cancer Blood Test | ___Mammogram / Breast Exam |
| ___Stress Test | ___Pneumonia Vaccine | ___Rectal Exam | ___Pap Smear |
| ___Echocardiogram | ___Tetanus Vaccine | ___Colon Cancer Stool Test | ___Date of Last Physical Exam |
| ___Chest X-ray | ___Hepatitis Vaccine | ___Flexible Sigmoidoscopy | ___other _____ |
| ___EKG | ___Bone Density Test | ___Barium Enema | |

Doctor's Notes: _____

