

**Please mark any of the following that you now have or have had.**

**Musculoskeletal**

- Bone or Joint Disease
- Tendonitis/Bursitis
- Arthritis/Gout
- Sprains/Strains
- Low Back/Hip/Leg Pain
- Neck/shoulder/Arm Pain
- Jaw Pain/TMJ
- Lupus
- Osteoporosis
- Other \_\_\_\_\_

**Skin**

- Allergies
- Rashes
- Athletes Foot
- Herpes/cold Sore
- Other \_\_\_\_\_

**Nervous System**

- Shingles
- Numbness/tingling
- Trigeminal Neuralgia
- Bell's Palsy
- Pinched Nerve
- Epilepsy
- Other \_\_\_\_\_

**Miscellaneous (currently)**

- Contact Lenses
- Infection
- Inflammation/Swelling

- Fever
- Other \_\_\_\_\_

**Circulatory**

- Stroke
- Heart Condition
- Phlebitis/Varicose Veins
- Blood Clots
- High/Low Blood Pressure (please circle)
- Lymphedema
- Thrombosis/Embolism
- Pacemaker
- Other \_\_\_\_\_

**Digestive**

- Constipation
- Gas/Bloating
- Diverticulitis
- Irritable Bowel Syndrome
- Ulcers
- Other \_\_\_\_\_

**Other**

- Cancer/Tumors
- Kidney/Bladder Ailment
- Diabetes
- Drug/Alcohol/Caffeine and/or Tobacco Use (circle) Frequency \_\_\_\_\_
- Chronic Pain
- Chronic Fatigue
- Fibromyalgia
- Sleep Disorders

- Migraines/Headaches
- Anxiety/Stress Syndrome
- Any condition that affects your immune system  
Please explain: \_\_\_\_\_

**Respiratory**

- Breathing Difficulty/Asthma
- Emphysema
- Allergies  
Bees, Latex, \_\_\_\_\_
- Sinus Problems
- Other \_\_\_\_\_

**Reproductive**

- Pregnant: Stage
- Ovarian/Menstrual
- PMS
- Prostate
- Other \_\_\_\_\_

**Infectious Disease**

- Hepatitis
- Other \_\_\_\_\_

**Medications**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Any additional client/patient remarks and/or comments:

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How did you hear about us?

\_\_M.D. \_\_ Referral \_\_ Friend \_\_Phone Book \_\_ Other \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_