

HEALTH HISTORY

PATIENT NAME: _____ DOB: _____

I have never been diagnosed/treated with/for any medical condition.

Cancer: NO YES If yes, what type: _____

Please check any condition you have been diagnosed with:

Head and Face:

- cluster headache
- facial paralysis
- migraine
- stress headache

Eyes:

- Lazy eye
- Cataracts
- dry eyes
- glaucoma
- macular degeneration

Ears:

- wax impaction
- ear infections
- hearing loss
- Meniere's Disease

Nose and Sinus:

- Sinusitis
- deviated nasal septum
- nose bleeds
- nasal allergies
- nasal polyps

Mouth and Throat:

- Tonsil/adenoid enlargement
- Tonsillitis
- cold sores
- salivary stone
- sleep apnea
- TMJ

Cardiovascular:

- CHF
- coronary artery disease
- elevated cholesterol
- Heart attack
- heart valve defect
- High blood pressure
- Raynaud's disease
- Atrial fibrillation
- DVT

Respiratory:

- Asthma
- COPD
- Croup
- pneumonia
- pulmonary embolus
- TB

Gastrointestinal:

- GERD
- Hepatitis
- IBS

Kidneys and Urinary Tract:

- Kidney disease
- kidney stone
- Prostate enlargement
- Urination problems

Musculoskeletal:

- Osteoarthritis
- rheumatoid arthritis
- chronic fatigue syndrome
- disc disorder in back/neck
- fibromyalgia
- gout
- osteoporosis
- spinal stenosis

Integumentary:

- Severe Acne
- Rosacea
- Actinic keratosis
- Eczema
- Keloid
- Lichen planus
- Psoriasis
- Shingles

Neurologic:

- Alzheimer's disease
- Aneurysm
- Dementia
- Epilepsy
- Meningitis
- Multiple Sclerosis
- Neuralgia
- Parkinson's disease
- Pituitary Tumor
- Restless leg Syndrome
- Sleep disorder
- Stroke (CVA)
- TIA

Psychiatric:

- Alcoholism
- Substance abuse
- Anxiety
- Depression
- ADHD
- PTSD
- Bi-polar disorder

Endocrine:

- Diabetes
- Goiter
- Graves' disease
- hyperparathyroidism
- hyperthyroidism
- hypothyroidism
- Obesity
- thyroid nodule

Hematologic and Lymphatic:

- Anemia
- Clotting disorder
- Sickle cell disease
- Psoriasis
- Shingles

Immunologic:

- anaphylaxis
- autoimmune disorder
- HIV
- Lupus
- MRSA
- Sjogren's Syndrome