

Below is a list of conditions which may seem unrelated to the purpose of your appointment. However, these questions must be answered carefully as these problems can affect your overall diagnosis, treatment plan, and possibility of being accepted for care.

CHECK ANY OF THE FOLLOWING DISEASES YOU HAVE HAD:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Malaria | <input type="checkbox"/> Chicken pox | <input type="checkbox"/> Alcoholism |
| <input type="checkbox"/> Scarlet fever | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Venereal Infection |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Whooping cough | <input type="checkbox"/> Cancer | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Typhoid fever | <input type="checkbox"/> Anemia | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Measles | <input type="checkbox"/> Goiter | <input type="checkbox"/> Mental Disorder |
| <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Mumps | <input type="checkbox"/> Influenza | <input type="checkbox"/> COVID |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Small pox | <input type="checkbox"/> Pleurisy | <input type="checkbox"/> Eczema |

CHECK ANY OF THE FOLLOWING YOU HAVE OR HAVE HAD IN THE PAST 6 MONTHS.

If symptoms are from an ACCIDENT, Mark with an A:

MUSCULO-SKELETAL CODE

- Head too heavy
- Low back pain
- Pain between shoulders
- Neck pain
- Arm pain
- Joint pain/stiffness
- Walking problems
- Difficult chewing/clicking jaw
- Painful tailbone
- Spinal curvature
- Faulty posture

NERVOUS SYSTEM CODE

- Pins & needles arms
- Pins & needles legs
- Numbness
- Paralysis
- Dizziness
- Forgetfulness
- Confusion/Depression
- Cold/tingling extremities
- Fainting
- Convulsions

GENERAL CODE

- Allergies
- Cold sweats
- Loss of sleep
- Anxiety
- Fatigue
- Headaches

GASTRO-INTESTINAL CODE

- Poor excessive appetite
- Excessive thirst
- Frequent nausea
- Vomiting
- Diarrhea
- Constipation
- Hemorrhoids
- Liver problem
- Gall Bladder problems
- Weight problem
- Abdominal cramps
- Gas/bloating after meals
- Heartburn
- Black/bloody stool
- Colitis

GENITO-URINARY CODE

- Bladder trouble
- Painful/excessive urination
- Discolored urine
- Bedwetting
- Inability to control urine

C•V•R CODE

- Chest pain
- Short Breath
- Blood pressure problems
- Irregular heartbeat

- Heart problem
- Lung problems
- Congestion
- Varicose veins
- Ankle swelling
- Asthma

EENT CODE

- Loss of balance
- Loss of taste
- Vision problems
- Dental problems
- Sore throat
- Ear aches
- Hearing difficulty
- Stuffed nose
- Ringing in ears
- Nose bleeds
- Post nasal drip
- Sinus trouble
- Loss of smell

FEMALE/MALE CODE

- Menstrual irregularity
- Menstrual cramping
- Vaginal pain/infection
- Breast pain/infection
- Prostate/Sexual dysfunction

FAMILY HISTORY

	Diabetes	Cancer	Heart	Back
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother No. of ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sister No. of ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>