Self- Health History

Constitutional Symptoms

Condition	Response
Developmental Disabilities	Yes No
Fatigue Syndrome	Yes No
Cancer	Yes No
Other:	

Ear / Nose/ Mouth / Throat

Condition	Response
Sinusitis	Yes No
Dry Mouth	Yes No
Laryngitis	Yes No
Hearing Loss	Yes No
Other:	

Neurological

Condition	Response
Tumor	Yes No
Stroke / CVA	Yes No
Migraine	Yes No
Multiple Sclerosis	Yes No
Epilepsy	Yes No
Cerebral Palsy	Yes No
Other:	

Psychiatric

Condition	Response
Bipolar Disorder	Yes No
Attention Deficit	Yes No
Anxiety Disorder	Yes No
Depression	Yes No
Other:	

Cardiovascular

Condition	Response
Congestive Heart Failure	Yes No
Vascular Disease	Yes No
Heart Disease	Yes No
Stroke / CVA	Yes No
Hypertension	Yes No
Other:	

Respiratory

Condition	Response
Sleep Apnea	Yes No
Chronic Obstruction	Yes No
Asthma	Yes No
Cigarette Smoker	Yes No
Emphysema	Yes No
Bronchitis	Yes No
Other:	

Hematological / Lymphatic

Condition	Response
Hypercholesteremia	Yes No
Large-Volume Blood Loss	Yes No
Anemia	Yes No
Other:	

Gastrointestinal

Condition	Response
Celiac Disease	Yes No
Ulcer	Yes No
Acid Reflux	Yes No
Crohn's	Yes No
Colitis	Yes No
Other:	

Genitourinary

Condition	Response
Nursing	Yes No
Pregnant	Yes No
Benign Prostate Hypertrophy	Yes No
STD	Yes No
Prostate Disease / Cancer	Yes No
Kidney Disease	Yes No
Herpes	Yes No
Chlamydia	Yes No
Other:	

Musculoskeletal

Condition	Response
Muscular Dystrophy	Yes No
Ankylosing Spondylitis	Yes No
Osteoarthritis	Yes No
Fibromyalgia	Yes No
Arthritis	Yes No
Gout	Yes No
Osteoporosis	Yes No
Other:	

Integumentary

Condition	Response
Eczema	Yes No
Psoriasis	Yes No
Rosacea	Yes No
Herpes Zoster / Shingles	Yes No
Herpes Simplex / Cold Sores	Yes No
Other:	

Endocrine

Condition	Response
Thyroid Dysfunction	Yes No
Type 1 Diabetes Mellitus	Yes No
Type 2 Diabetes Mellitus	Yes No
Hormonal Dysfunction	Yes No
Other:	

Allergic / Immune

Condition	Response
Environmental Allergies	Yes No
Drug Allergies	Yes No
Lupus	Yes No
Rheumatoid Arthritis	Yes No
Sjogren's Syndrome	Yes No
Other:	

Current Medications (Please Include Any Prescribed and Over the Counter Medications)

If you have a list of medications, please let us know and we will be happy to make a copy.

Medication Name	For Condition	Date Began