DO YOU NOW HAVE OR HAVE	E YOU EVER HAD:		
Vision problems	High cholesterol	Abnormal menstrual flow	Foot trouble
Eye pain	High blood pressure	Irregular cycles	Headache
Ear problems	Low blood pressure	Hot flashes	Dizziness
Ringing in ears	Pacemaker	Venereal disease	Tremors/shakes
Nosebleeds	Poor circulation	Lumps in breast	Learning disablities
Sinus problems	Ankle swelling	Bruise easily	Anxiety
Swallowing problems	Rheumatic fever	Skin irritations	Depression
Fever blisters	Stroke	Varicose veins	Insomnia
Allergies	Colon trouble	Arthritis	Alcoholism
Asthma		Bursitis	Alcoholism
	Constipation/diarrhea		
Pleurisy/pneumonia	Ulcers	Cramps	Tingling or numbness in
Tuberculosis	Indigestion	Fibromyalgia	Shoulders
HIV	Nausea	Backache/low back pain	
Cancer	Hernia/ruptures	Sciatica	Arms Elbows
Anemia	Bedwetting	Neck pains	
Diabetes	Frequent urination	Stiff neck	Hands
Thyroid problems	Kidney infection	Poor posture	Hips
Fatigue	Kidney stones	Spinal curvatures	Legs
Unexplained weight loss	Sexual problems	Growing pains	Knees
Night sweats	Reproductive problem	SWalking pains	Feet
FAMILY HISTORY: Cancer	Diabetes	Heart disease Spinal problems	Other
Mother			
Father			
Brother			-
Sister			-
Maternal grandmother	***************************************	-	Participa de la constantina della constantina de
Maternal grandfather			
Paternal grandmother			*
Paternal grandfather			-
ADDITIONAL INFORMATION			
Type of birth: Normal			BreastFormula
-		Congenital anomalies/defects	
Crawl before walking?Yes _	No Immunizations?	YesNo Childhood diseases:_	
EMARKS AND ADDITIONAL	L INFORMATION:		
Patient signature:		Information taken by:	
Doctor's Comments:			