

Check only conditions that apply to you: (leave blank all others)

Body System	Now	Past	When?
Allergies & Immune Sys.	()	()	arthritis
	()	()	drug allergy / adverse reaction
			Name of drug: _____
	()	()	environmental (pollens, plants, pets, etc.)
	()	()	lupus
	()	()	Sjogren's Syndrome
Cardiac (Heart)	()	()	artery / vein blockage / inflammation
	()	()	congestive heart failure
	()	()	heart attack
	()	()	high blood pressure/hypertension
Constitution	()	()	mental handicap
Ears, Nose Throat Sinus	()	()	hearing loss
	()	()	upper respiratory infection
	()	()	sinus congestion / infection
Endocrine Hormone	()	()	diabetes () adult onset () juvenile
	()	()	thyroid disorder
Gastric Intestinal	()	()	digestive disorder
	()	()	hepatitis
	()	()	inflammatory bowel / Crohn's disease
Genito; Urinary	()	()	kidney dysfunction:
	()	()	nursing
	()		Pregnant: Months?
Blood; Lymph Syst. Hematolytic	()	()	anemia
	()	()	blood disorder
	()	()	cholesterol / elevated
Integumentary (Skin)	()	()	eczema
	()	()	psoriasis
	()	()	rosacea
	()	()	other skin disorder
Muscle/Bone	()	()	chronic inflammatory arthritis
	()	()	fibromyalgia
	()	()	Muscular Dystrophy
Neurologic	()	()	Alzheimer's / dementia
	()	()	Bell's Palsy
	()	()	cerebral palsy
	()	()	headaches recurring
	()	()	migraine w/o aura
	()	()	migraine w/ aura
	()	()	Parkinson's Disease
	()	()	seizures / convulsions
	()	()	stroke (cerebral vascular accident)
Psychiatric Mental Health	()	()	anxiety
	()	()	depression
	()	()	hyperactivity

Other conditions

not already checked:

Surgeries:

Please list:

Type / When?

Body System	Now	Past	When?
Respiratory (Lungs)	()	()	asthma
	()	()	bronchitis
	()	()	emphysema
	()	()	sleep apnea
Cancer Circle type:	()	()	brain, breast, cervical, colon, leukemia, lung, ovarian, prostate,
Benign	()		skin, thyroid, uterus
Malignant	()		other: (please write in): _____

Cancer treated with:	()	()	chemotherapy
	()	()	radiation therapy
	()	()	surgical excision
	()	()	herbal / natural methods
	()	()	In remission
Ocular (Eye / Vision)	()	()	amblyopia (lazy eye)
	()	()	astigmatism
	()	()	crossed eyes (strabismus)
	()	()	glasses (Far / Near / Both distances)
	()	()	contact lenses: Hard Soft

(Eye/disease)	()	()	macular degeneration (ARMD)
	()	()	cataracts
	()	()	eye infection
	()	()	glaucoma
	()	()	retina disease
	()	()	
(Eye Other)	()	()	elevated ocular pressure
	()	()	recurrent infections unspecified
	()	()	recurrent iritis
	()	()	Vision Therapy

Other eye condition: (describe)

Eye surgeries / trauma: Describe

When:

- () Blepharoplasty: Lid Surgery
- () Cataract Surgery:
- () Corneal Transplant:
- () Lasik / PRK:
- () Plugs (tear duct)

Currently being treated for:

- () Glaucoma
- () ARMD

Other; Describe:

Transplants:

Body organ / tissue:

When?