

**Health History...continued**

Check symptoms you have or have had in the last year:

**CARDIOVASCULAR**

- Chest pain
- Hardening of arteries
- High or low blood pressure
- Poor circulation
- Heart attack
- Rapid/irregular heart beat
- Swelling

**EYES/EARS/NOSE/THROAT/RESPIRATORY**

- Asthma
- Blurred or failing vision
- Difficulty breathing
- Earache
- Enlarged glands
- Eye pain
- Frequent colds
- Hay fever
- Hoarseness
- Gum trouble
- Nosebleeds
- Loss of hearing
- Persistent cough
- Ringing in ears
- Sinus problems

**SKIN**

- Boils
- Bruise easily
- Dry skin
- Itching/rash
- Sensitive skin
- Sore won't heal
- Sweating

**GENITOURINARY**

- Frequent urination
- Blood in urine
- Urinary incontinence
- Kidney infections/stones
- Low libido

**GASTROINTESTINAL**

- Belching, gas or bloating
- Constipation
- Diarrhea
- Difficulty swallowing
- Distension of abdomen
- Excessive hunger
- Gallbladder problems
- Hemorrhoids
- Indigestion
- Nausea
- Stomach pain
- Poor appetite
- Vomiting

**FOR MEN:**

- Erectile dysfunction
- Prostrate problems

**FOR WOMEN:**

- Bleeding between periods
- Painful periods
- Clots in menses
- Excessive menstrual flow
- Irregular cycle
- Menopausal symptoms
- PMS
- Previous miscarriage
- Scanty menstrual flow
- Infertility
- Could you be pregnant? \_\_\_\_\_

**MUSCLE/JOINTS/BONES**

- Tremors
- Cramps
- Swollen joints
- Pain, weakness, or numbness in:
  - Arms
  - Hips
  - Back
  - Legs
  - Shoulders
  - Neck
  - Hands
  - Feet
  - Other \_\_\_\_\_

Signature

The information on this form is correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_