

## MEDICAL HISTORY

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

- |                          |                          |                                    |                          |
|--------------------------|--------------------------|------------------------------------|--------------------------|
| Coronary Artery Disease  | <input type="checkbox"/> | Benign Prostatic Hyperplasia (BPH) | <input type="checkbox"/> |
| Atrial Fibrillation      | <input type="checkbox"/> | Anemia                             | <input type="checkbox"/> |
| CVA/Stroke               | <input type="checkbox"/> | Sickle Cell                        | <input type="checkbox"/> |
| Myocardial Infarction    | <input type="checkbox"/> | Glaucoma                           | <input type="checkbox"/> |
| Mitral Valve Prolapse    | <input type="checkbox"/> | Headache/Migraine                  | <input type="checkbox"/> |
| Congestive Heart Failure | <input type="checkbox"/> | Seizures                           | <input type="checkbox"/> |
| Hypertension             | <input type="checkbox"/> | Parkinson's                        | <input type="checkbox"/> |
| Lipid Disorder           | <input type="checkbox"/> | Alzheimer's/Dementia               | <input type="checkbox"/> |
| COPD/Emphysema           | <input type="checkbox"/> | Neuropathy                         | <input type="checkbox"/> |
| Asthma                   | <input type="checkbox"/> | Arthritis                          | <input type="checkbox"/> |
| Diabetes                 | <input type="checkbox"/> | Gout                               | <input type="checkbox"/> |
| Hypothyroidism           | <input type="checkbox"/> | Osteoporosis                       | <input type="checkbox"/> |
| Cancer                   | <input type="checkbox"/> | Fibromyalgia                       | <input type="checkbox"/> |
| GERD                     | <input type="checkbox"/> | ADD/ADHD                           | <input type="checkbox"/> |
| Kidney Stones            | <input type="checkbox"/> | Depression                         | <input type="checkbox"/> |
| Hepatitis                | <input type="checkbox"/> | Bipolar Disorder                   | <input type="checkbox"/> |
| Gall Bladder Disease     | <input type="checkbox"/> | Anxiety Disorder                   | <input type="checkbox"/> |
| Irritable Bowel Disease  | <input type="checkbox"/> | Alcoholism                         | <input type="checkbox"/> |
| Crohn's Disease          | <input type="checkbox"/> | AIDS                               | <input type="checkbox"/> |
| Prostatitis              | <input type="checkbox"/> | Sexually Transmitted Disease       | <input type="checkbox"/> |