

Northview Medical  
7356 Stockman St, Cheyenne, WY 82009  
Phone (307) 632-3399 Fax (307) 632-2050  
**Comprehensive Health History Form**

**Patient Information**

Patient Name: \_\_\_\_\_  
(last) (first) (middle initial)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Ph: (\_\_\_\_) \_\_\_\_\_ Cell Ph: (\_\_\_\_) \_\_\_\_\_

Work Ph: (\_\_\_\_) \_\_\_\_\_ Best Contact: Phone Text Email

Email: \_\_\_\_\_ Sex: M or F

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Status : ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Minor

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

**In Case of Emergency**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Ph: (\_\_\_\_) \_\_\_\_\_ Cell Ph: (\_\_\_\_) \_\_\_\_\_

**How Did You Hear About Us?**

☐ Referral: \_\_\_\_\_ ☐ Direct Mail  
☐ Internet ☐ Magazine  
☐ TV ☐ Other: \_\_\_\_\_

What specific condition prompted you to choose us for your healthcare needs?  
\_\_\_\_\_  
\_\_\_\_\_

**Accident Information**

Do you currently have an active accident claim? ☐ Yes ☐ No Date \_\_\_\_\_

Type of Accident: ☐ Auto ☐ Work ☐ Home ☐ Other \_\_\_\_\_

To whom have you made a report of your accident?  
☐ Auto Insurance ☐ Employer ☐ Work Comp ☐ Other \_\_\_\_\_

Attorney Name: (if applicable) \_\_\_\_\_

**Primary Care**

Primary Care Physician's Name \_\_\_\_\_

Clinic Name \_\_\_\_\_ Phone Number \_\_\_\_\_

I allow my health progression to be shared with my primary care physician:

☐ Yes ☐ No

Do you have current X-rays at another office or clinic?

☐ Yes ☐ No

**Insurance Information**

Who is responsible for this account? ☐ Self ☐ Other: \_\_\_\_\_

If other, what is the relationship to patient: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Is the patient covered by additional Insurance? ☐ Yes ☐ No

Subscribers Name:  
\_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Relationship to Patient:

**ASSIGNMENT OF HEALTH PLAN BENEFITS AND RIGHTS**

**AS WELL AS AN**

**APPOINTMENT AND DESIGNATION AS MY PERSONAL REPRESENTATIVE AND AN ERISA/PPACA REPRESENTATIVE AND BENEFICIARY**

I understand and agree that (regardless of whatever health insurance, health plan, or medical benefits I have), I am ultimately responsible to pay Northview Medical Clinic, as well as all licensed professionals, employees, employers, representatives, and agents thereof; as well as all laboratories, pharmacies, clinics, hospitals, and equipment suppliers used by or referred by Northview Medical Clinic or by any of the forgoing (hereinafter collectively referred to as "Healthcare Provider") the balance due on my account for any professional services rendered and for any supplies, tests, or medications provided.

I hereby authorize payment of, and assign my rights to, any health insurance or medical plan benefits directly to Healthcare Provider for any and all medical/healthcare services, supplies, equipment, tests, treatments, and/or medications that **have been or will be** rendered or provided; as well as designating and appointing Healthcare Provider as my beneficiary under all health insurance or medical plans which I may have benefits under.

I hereby authorize the release of any health status, conditions, symptoms or treatment information contained in your records that is needed to file and process insurance or medical plan claims, to pursue appeals on any denied or partially paid claims, for legal pursuit as to any unpaid or partially paid claims, or to pursue any other remedies necessary in connection with same.

I hereby assign directly to Healthcare Provider all rights to payment, benefits, and all other legal rights under, or pursuant to, any health plan (including, but not limited to, any ERISA governed plan/insurance contract, PPACA governed plan/insurance contract) rights that I (or my child, spouse, or dependent) may have under my/our applicable health plan(s) or health insurance policy(ies). I also hereby appoint and designate that Healthcare Provider can act on my/our behalf, as my/our Personal Representative, ERISA Representative, and PPACA Representative as to any claim determination, to request any relevant claim or plan information from the applicable health plan or insurer, to file and pursue appeals and/or legal action (including in my name and on my behalf) to obtain and/or protect benefits and/or payments that are due (or have been previously paid) to either Healthcare Provider, myself, and/or my family members as a result of services rendered by Healthcare Provider, and to pursue any and all remedies to which I/we may be entitled, including the use of legal action against the health plan, the insurer, or any administrator. I hereby also declare that Healthcare Provider is my/our beneficiary regarding my/our health plan as contemplated by both ERISA and PPACA, and that Healthcare Provider can pursue any and all rights that I/we may have under state and/or federal law regarding my/our health plan. It is also my intention that Healthcare Provider shall possess any and all anti-retaliation protections that I may have under 29 U.S.C. § 1140 whenever Healthcare Provider is exercising my rights or acting on my behalf, or as my assignee, in anyway whatsoever.

This assignment, appointment, and designation will remain in effect unless revoked by me in writing, and in such case, can only be revoked for future services, test, etc. *It is my intent that the effective date of this document shall relate back to include all services, supplies, test, treatments, or medications that have been previously provided by Healthcare Provider.* A photocopy or scan of this document is to be considered as valid and as enforceable as the original.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

X \_\_\_\_\_ (SEAL)  
(patient signature)

\_\_\_\_\_  
(please print patient name)

X \_\_\_\_\_ (SEAL)  
(signature of Guardian if applicable)

## Current Medications

| Medication   | Dosage/How Long | For What Condition? |
|--|-----------------|---------------------|
|  |                 |                     |
|  |                 |                     |
| <b>Medication Allergies:</b> _____   |                 |                     |
| Reaction? _____  |                 |                     |
| <b>Supplement Allergies:</b> _____   |                 |                     |
| Reaction? _____  |                 |                     |
| <b>Food Allergies:</b> _____   |                 |                     |
| Reaction? _____  |                 |                     |
| Do you have any surgical devices in your body? ( <i>ie screws, pins, plates, etc</i> ) |                 |                     |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, where located _____ |                 |                     |

## Current Herbal Medications

| Medication Condition? | Dosage/How Long | For What |
|-----------------------|-----------------|----------|
|                       |                 |          |
|                       |                 |          |
|                       |                 |          |

## Other Medications

**Please List Previous Medications (Last 10 Years)**

| Medication Condition? | Dosage/How Long | For What |
|-----------------------|-----------------|----------|
|                       |                 |          |
|                       |                 |          |
|                       |                 |          |

Have your medications or supplements ever caused you unusual side effects or problems? ☐ Yes   ☐ No   Describe: \_\_\_\_\_

\_\_\_\_\_

**Have you had prolonged or regular use of:**

NSAIDS (Advil, Aleve, etc.), Motrin or Aspirin? ☐ Yes   ☐ No

Tylenol? ☐ Yes   ☐ No

Acid Blocking Drugs (Tagament, Zantac, Prilosec)? ☐ Yes   ☐ No

Frequent Antibiotics (> 3 times a year) ☐ Yes   ☐ No

Long Term Antibiotics ☐ Yes   ☐ No

Steroids Present or Past (Prednisone, Nasal Allergy Inhalers) ☐ Yes   ☐ No

## Current Condition

What do you hope to achieve in your visit with us?

\_\_\_\_\_

\_\_\_\_\_

When did the condition(s) begin?

\_\_\_\_\_

\_\_\_\_\_

Has it occurred before?   ☐ Yes   ☐ No   When? \_\_\_\_\_

Is the condition getting worse? ☐ Yes   ☐ No   ☐ Unknown

Is the Condition:   ☐ Auto Related   ☐ Job Related   ☐ Home Injury

☐ Slip/Fall   ☐ Lifting   ☐ Slept Wrong   ☐ Unknown Cause

☐ Other \_\_\_\_\_

Rate the severity of your pain from 1 (least pain) to 10 (severe pain) \_\_\_\_\_

How often do you have this pain? \_\_\_\_\_

Does it interfere with:   ☐ Work   ☐ Sleep   ☐ Daily Routine   ☐ Recreation

What treatment have you received for your condition?

☐ Medication   ☐ Surgery   ☐ Physical Therapy   ☐ Chiropractic Services

☐ None   ☐ Other \_\_\_\_\_

Please list Current and Ongoing Problems in Order of Severity:

Problem \_\_\_\_\_

☐ Mild   ☐ Moderate   ☐ Severe

Treatment/Approach \_\_\_\_\_

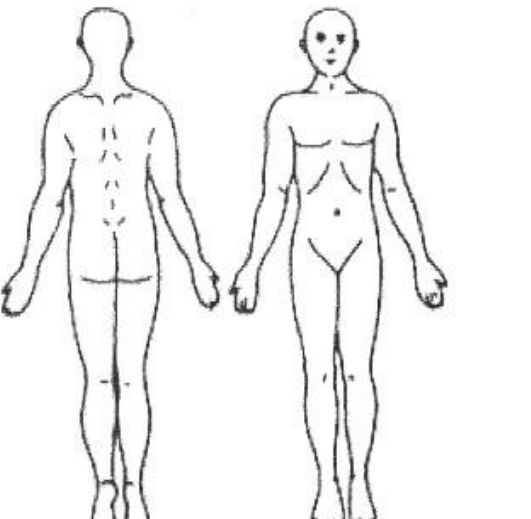
Success: ☐ Excellent   ☐ Good   ☐ Fair

Problem \_\_\_\_\_

☐ Mild   ☐ Moderate   ☐ Severe

Treatment/Approach \_\_\_\_\_

Success: ☐ Excellent   ☐ Good   ☐ Fair

|  |   |
|--|---|
|  | <b>Label on the Diagram the CURRENT Areas of Discomfort:</b><br>A= Aching<br>B= Burning<br>C= Cramps<br>D= Dull<br>N= Numbness<br>P= Pins&Needles<br>S= Stabbing<br>SH= Sharp<br>ST= Stiffness<br>SW= Swelling<br>T= Tingling |
|--|---|

| Lifestyle History   |   | Work Activity  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
|---|---|--|-----------|----------|-----------|----------|-----------|---------------|-----------|---------------|-----------|---------|-----------|--------------|-----------|----------|-----------|---------|-----------|-----------|-----------|---------|-----------|---------|-----------|----------------|-----------|---------|-----------|---------|-----------|--------------|-----------|-----------------|-----------|-----------|-----------|---------|-----------|---------------------|-----------|----------|-----------|----------|-----------|---------|-----------|----------|-----------|---------|-----------|---|--|--|---------|-------------------------|---------------|--------------|------------------|-------------------------|----------------|---------------|-------------------|---------------|--------------------------|--------------|-----------------|----------------|---------------|------------|--------------------|-----------|--------------|--------------|---------------|------------------|------------|-----------------------|---------------|---------------|----------------|------------|----------|---------------|-----------------------|---------------|----------------------|-----------------|------------------|--------------------------|------------------------|-------------------|---------------------|----------------|-------------------|-------------------|-----------------------|---------------|---------------|-----------------|------------|----------------------|----------------|--------------------|------------------------|-------------|-----------------------------|---------------|------------|-------------------------|-----------------|---------------|----------------------|------------------|--------------------|-------------------------|---------|-------------------------|------------------|------------|----------------|------------------|------------------------|-----------------|-------------------------|-------------------|-------------|---|----------------------|------------------------------|--------------|-----------------|---------------------|-------------------|------------------|----------------|-------------------|---------------------|------------------|------------------|-------------------|------------------|---------------------------------------|------------|---------------------------|-------------------------------|------------------------------|----------------|-------------|------------------------|---------------------------------|-------------|-------------|-------------------------------------|------------------------|--------------------|--------------------|-----------------|------------|---------------------|-------------------|-------|------------|------------------------|--|
| <p><b>Check Your Exercise Levels:</b></p> <p><input type="checkbox"/> Inactive      <input type="checkbox"/> Light Activity      <input type="checkbox"/> Moderate Activity</p> <p><input type="checkbox"/> Heavy Activity      <input type="checkbox"/> Vigorous Activity</p> <p><b>Please check all that apply:</b></p> <p><input type="checkbox"/> Tobacco – Type _____ Amt/Day: _____</p> <p>Are you exposed to 2<sup>nd</sup> hand smoke regularly? _____</p> <p><input type="checkbox"/> Alcohol _____ Drinks/Week: _____</p> <p><input type="checkbox"/> Coffee/Caffeine Drinks _____ Cups/Day: _____</p> <p>Do you currently or have previously used recreational drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what types/method (IV, inhaled, smoked, etc) _____</p> <p>_____</p>  |   | <p><b>Labor Activity:</b></p> <p><input type="checkbox"/> Light      <input type="checkbox"/> Moderate      <input type="checkbox"/> Heavy      <input type="checkbox"/> Sedentary</p> <p><b>Work Activity Postures:</b></p> <p><input type="checkbox"/> Bending      <input type="checkbox"/> Climbing      <input type="checkbox"/> Kneeling      <input type="checkbox"/> Pulling</p> <p><input type="checkbox"/> Pushing      <input type="checkbox"/> Reaching      <input type="checkbox"/> Sitting      <input type="checkbox"/> Standing</p> <p><input type="checkbox"/> Twisting      <input type="checkbox"/> Walking      <input type="checkbox"/> Computer      <input type="checkbox"/> Repetitive</p> <p><b>Work Activity Level:</b></p> <p><input type="checkbox"/> Full-Time   <input type="checkbox"/> Part-Time   <input type="checkbox"/> Homemaker   <input type="checkbox"/> Student   <input type="checkbox"/> Unemployed</p> <p>Hours per week _____ Mostly <input type="checkbox"/> Sitting <input type="checkbox"/> Walking <input type="checkbox"/> Standing</p> <p><b>Work Environment:</b></p> <p><input type="checkbox"/> Difficult      <input type="checkbox"/> Enjoyable      <input type="checkbox"/> Relaxed      <input type="checkbox"/> Stressful</p> |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| Daily Activities  |   | Health History Please check all that apply (past or present) / Circle <b>CURRENT</b> Conditions  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| <p><i>Effects of Current Condition on Daily Performance</i></p> <p>Please mark for each CURRENT Condition:</p> <p><b>1=No Effect</b></p> <p><b>2=Slighly Limited</b></p> <p><b>3=Limited</b></p> <p><b>4=Mostly Limited</b></p> <p><b>5=Unable to Perform</b></p>   |   |  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| <table><tr><td>Bending</td><td>1 2 3 4 5</td></tr><tr><td>Carrying</td><td>1 2 3 4 5</td></tr><tr><td>Climbing</td><td>1 2 3 4 5</td></tr><tr><td>Concentrating</td><td>1 2 3 4 5</td></tr><tr><td>Computer Work</td><td>1 2 3 4 5</td></tr><tr><td>Dancing</td><td>1 2 3 4 5</td></tr><tr><td>Doing Chores</td><td>1 2 3 4 5</td></tr><tr><td>Dressing</td><td>1 2 3 4 5</td></tr><tr><td>Driving</td><td>1 2 3 4 5</td></tr><tr><td>Gardening</td><td>1 2 3 4 5</td></tr><tr><td>Jumping</td><td>1 2 3 4 5</td></tr><tr><td>Lifting</td><td>1 2 3 4 5</td></tr><tr><td>Playing Sports</td><td>1 2 3 4 5</td></tr><tr><td>Pushing</td><td>1 2 3 4 5</td></tr><tr><td>Reading</td><td>1 2 3 4 5</td></tr><tr><td>Rolling Over</td><td>1 2 3 4 5</td></tr><tr><td>Sexual Activity</td><td>1 2 3 4 5</td></tr><tr><td>Shoveling</td><td>1 2 3 4 5</td></tr><tr><td>Sitting</td><td>1 2 3 4 5</td></tr><tr><td>Sitting to Standing</td><td>1 2 3 4 5</td></tr><tr><td>Sleeping</td><td>1 2 3 4 5</td></tr><tr><td>Standing</td><td>1 2 3 4 5</td></tr><tr><td>Walking</td><td>1 2 3 4 5</td></tr><tr><td>Watching</td><td>1 2 3 4 5</td></tr><tr><td>Working</td><td>1 2 3 4 5</td></tr></table> |   | Bending  | 1 2 3 4 5 | Carrying | 1 2 3 4 5 | Climbing | 1 2 3 4 5 | Concentrating | 1 2 3 4 5 | Computer Work | 1 2 3 4 5 | Dancing | 1 2 3 4 5 | Doing Chores | 1 2 3 4 5 | Dressing | 1 2 3 4 5 | Driving | 1 2 3 4 5 | Gardening | 1 2 3 4 5 | Jumping | 1 2 3 4 5 | Lifting | 1 2 3 4 5 | Playing Sports | 1 2 3 4 5 | Pushing | 1 2 3 4 5 | Reading | 1 2 3 4 5 | Rolling Over | 1 2 3 4 5 | Sexual Activity | 1 2 3 4 5 | Shoveling | 1 2 3 4 5 | Sitting | 1 2 3 4 5 | Sitting to Standing | 1 2 3 4 5 | Sleeping | 1 2 3 4 5 | Standing | 1 2 3 4 5 | Walking | 1 2 3 4 5 | Watching | 1 2 3 4 5 | Working | 1 2 3 4 5 | <table><tr><td>___ ADD</td><td>___ Fetal Drug Exposure</td><td>___ Pacemaker</td></tr><tr><td>___ AIDS/HIV</td><td>___ Fibromyalgia</td><td>___ Parkinson’s disease</td></tr><tr><td>___ Alcoholism</td><td>___ Fractures</td><td>___ Pinched Nerve</td></tr><tr><td>___ Allergies</td><td>___ Gallbladder Disorder</td><td>___ Pleurisy</td></tr><tr><td>___ Alzheimer’s</td><td>___ Gallstones</td><td>___ Pneumonia</td></tr><tr><td>___ Anemia</td><td>___ German Measles</td><td>___ Polio</td></tr><tr><td>___ Anorexia</td><td>___ Glaucoma</td><td>___ Pregnancy</td></tr><tr><td>___ Appendicitis</td><td>___ Goiter</td><td>___ Prostate Problems</td></tr><tr><td>___ Arthritis</td><td>___ Gonorrhea</td><td>___ Prosthesis</td></tr><tr><td>___ Asthma</td><td>___ Gout</td><td>___ Psoriasis</td></tr><tr><td>___ Atopic Dermatitis</td><td>___ Headaches</td><td>___ Psychiatric Care</td></tr><tr><td>___ Bed Wetting</td><td>___ Heart Attack</td><td>___ Rheumatoid Arthritis</td></tr><tr><td>___ Bleeding Disorders</td><td>___ Heart Disease</td><td>___ Rheumatic Fever</td></tr><tr><td>___ Blood Clot</td><td>___ Heart Failure</td><td>___ Scarlet Fever</td></tr><tr><td>___ Blood Transfusion</td><td>___ Hepatitis</td><td>___ Scoliosis</td></tr><tr><td>___ Breast Lump</td><td>___ Hernia</td><td>___ Seizure Disorder</td></tr><tr><td>___ Bronchitis</td><td>___ Herniated Disk</td><td>___ Sickle Cell Anemia</td></tr><tr><td>___ Bulimia</td><td>___ Herpes/Lesions/Shingles</td><td>___ Sinusitis</td></tr><tr><td>___ Cancer</td><td>___ High Blood Pressure</td><td>___ Sleep Apnea</td></tr><tr><td>___ Cataracts</td><td>___ High Cholesterol</td><td>___ Spina Bifida</td></tr><tr><td>___ Cerebral Palsy</td><td>___ Hormone Replacement</td><td>___ STD</td></tr><tr><td>___ Chemical Dependency</td><td>___ Hypertension</td><td>___ Stroke</td></tr><tr><td>___ Chest Pain</td><td>___ Hypoglycemic</td><td>___ Suicide Attempt(s)</td></tr><tr><td>___ Chicken Pox</td><td>___ Influenza Pneumonia</td><td>___ Swelling Feet</td></tr><tr><td>___ Cholera</td><td>___ IBS (<i>Irritable Bowel Syndrome</i>)</td><td>___ Thyroid Problems</td></tr><tr><td>___ Chronic Fatigue Syndrome</td><td>___ Jaundice</td><td>___ Tonsillitis</td></tr><tr><td>___ Crohn’s/Colitis</td><td>___ Kidney Stones</td><td>___ Tuberculosis</td></tr><tr><td>___ CRPS (RSD)</td><td>___ Liver Disease</td><td>___ Tumors, Growths</td></tr><tr><td>___ Constipation</td><td>___ Lung Disease</td><td>___ Typhoid Fever</td></tr><tr><td>___ CVA (Stroke)</td><td>___ Lupus Erythema (<i>Discoid</i>)</td><td>___ Ulcers</td></tr><tr><td>___ Cystic Kidney Disease</td><td>___ Lupus Erythema (Systemic)</td><td>___ Unspec. Pleural Effusion</td></tr><tr><td>___ Depression</td><td>___ Malaria</td><td>___ Vaginal Infections</td></tr><tr><td>___ Diabetes (<i>insulin</i>)</td><td>___ Measles</td><td>___ Vertigo</td></tr><tr><td>___ Diabetes (<i>non insulin</i>)</td><td>___ Migraine Headaches</td><td>___ Whooping Cough</td></tr><tr><td>___ Ear Infections</td><td>___ Miscarriage</td><td>___ Other:</td></tr><tr><td>___ Eating Disorder</td><td>___ Mononucleosis</td><td>_____</td></tr><tr><td>___ Eczema</td><td>___ Multiple Sclerosis</td><td></td></tr></table> |  |  | ___ ADD | ___ Fetal Drug Exposure | ___ Pacemaker | ___ AIDS/HIV | ___ Fibromyalgia | ___ Parkinson’s disease | ___ Alcoholism | ___ Fractures | ___ Pinched Nerve | ___ Allergies | ___ Gallbladder Disorder | ___ Pleurisy | ___ Alzheimer’s | ___ Gallstones | ___ Pneumonia | ___ Anemia | ___ German Measles | ___ Polio | ___ Anorexia | ___ Glaucoma | ___ Pregnancy | ___ Appendicitis | ___ Goiter | ___ Prostate Problems | ___ Arthritis | ___ Gonorrhea | ___ Prosthesis | ___ Asthma | ___ Gout | ___ Psoriasis | ___ Atopic Dermatitis | ___ Headaches | ___ Psychiatric Care | ___ Bed Wetting | ___ Heart Attack | ___ Rheumatoid Arthritis | ___ Bleeding Disorders | ___ Heart Disease | ___ Rheumatic Fever | ___ Blood Clot | ___ Heart Failure | ___ Scarlet Fever | ___ Blood Transfusion | ___ Hepatitis | ___ Scoliosis | ___ Breast Lump | ___ Hernia | ___ Seizure Disorder | ___ Bronchitis | ___ Herniated Disk | ___ Sickle Cell Anemia | ___ Bulimia | ___ Herpes/Lesions/Shingles | ___ Sinusitis | ___ Cancer | ___ High Blood Pressure | ___ Sleep Apnea | ___ Cataracts | ___ High Cholesterol | ___ Spina Bifida | ___ Cerebral Palsy | ___ Hormone Replacement | ___ STD | ___ Chemical Dependency | ___ Hypertension | ___ Stroke | ___ Chest Pain | ___ Hypoglycemic | ___ Suicide Attempt(s) | ___ Chicken Pox | ___ Influenza Pneumonia | ___ Swelling Feet | ___ Cholera | ___ IBS ( <i>Irritable Bowel Syndrome</i> ) | ___ Thyroid Problems | ___ Chronic Fatigue Syndrome | ___ Jaundice | ___ Tonsillitis | ___ Crohn’s/Colitis | ___ Kidney Stones | ___ Tuberculosis | ___ CRPS (RSD) | ___ Liver Disease | ___ Tumors, Growths | ___ Constipation | ___ Lung Disease | ___ Typhoid Fever | ___ CVA (Stroke) | ___ Lupus Erythema ( <i>Discoid</i> ) | ___ Ulcers | ___ Cystic Kidney Disease | ___ Lupus Erythema (Systemic) | ___ Unspec. Pleural Effusion | ___ Depression | ___ Malaria | ___ Vaginal Infections | ___ Diabetes ( <i>insulin</i> ) | ___ Measles | ___ Vertigo | ___ Diabetes ( <i>non insulin</i> ) | ___ Migraine Headaches | ___ Whooping Cough | ___ Ear Infections | ___ Miscarriage | ___ Other: | ___ Eating Disorder | ___ Mononucleosis | _____ | ___ Eczema | ___ Multiple Sclerosis |  |
| Bending   | 1 2 3 4 5                                   |  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| Carrying  | 1 2 3 4 5                                   |  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| Climbing  | 1 2 3 4 5                                   |  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| Concentrating   | 1 2 3 4 5                                   |  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| Computer Work   | 1 2 3 4 5                                   |  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| Dancing   | 1 2 3 4 5                                   |  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| Doing Chores  | 1 2 3 4 5                                   |  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| Dressing  | 1 2 3 4 5                                   |  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| Driving   | 1 2 3 4 5                                   |  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| Gardening   | 1 2 3 4 5                                   |  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| Jumping   | 1 2 3 4 5                                   |  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| Lifting   | 1 2 3 4 5                                   |  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| Playing Sports  | 1 2 3 4 5                                   |  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| Pushing   | 1 2 3 4 5                                   |  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| Reading   | 1 2 3 4 5                                   |  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| Rolling Over  | 1 2 3 4 5                                   |  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| Sexual Activity   | 1 2 3 4 5                                   |  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| Shoveling   | 1 2 3 4 5                                   |  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| Sitting   | 1 2 3 4 5                                   |  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| Sitting to Standing   | 1 2 3 4 5                                   |  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| Sleeping  | 1 2 3 4 5                                   |  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| Standing  | 1 2 3 4 5                                   |  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| Walking   | 1 2 3 4 5                                   |  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| Watching  | 1 2 3 4 5                                   |  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| Working   | 1 2 3 4 5                                   |  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| ___ ADD   | ___ Fetal Drug Exposure                     | ___ Pacemaker  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| ___ AIDS/HIV  | ___ Fibromyalgia                            | ___ Parkinson’s disease  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| ___ Alcoholism  | ___ Fractures                               | ___ Pinched Nerve  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| ___ Allergies   | ___ Gallbladder Disorder                    | ___ Pleurisy   |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| ___ Alzheimer’s   | ___ Gallstones                              | ___ Pneumonia  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| ___ Anemia  | ___ German Measles                          | ___ Polio  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| ___ Anorexia  | ___ Glaucoma                                | ___ Pregnancy  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| ___ Appendicitis  | ___ Goiter                                  | ___ Prostate Problems  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| ___ Arthritis   | ___ Gonorrhea                               | ___ Prosthesis   |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| ___ Asthma  | ___ Gout                                    | ___ Psoriasis  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| ___ Atopic Dermatitis   | ___ Headaches                               | ___ Psychiatric Care   |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| ___ Bed Wetting   | ___ Heart Attack                            | ___ Rheumatoid Arthritis   |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| ___ Bleeding Disorders  | ___ Heart Disease                           | ___ Rheumatic Fever  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| ___ Blood Clot  | ___ Heart Failure                           | ___ Scarlet Fever  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| ___ Blood Transfusion   | ___ Hepatitis                               | ___ Scoliosis  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| ___ Breast Lump   | ___ Hernia                                  | ___ Seizure Disorder   |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| ___ Bronchitis  | ___ Herniated Disk                          | ___ Sickle Cell Anemia   |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| ___ Bulimia   | ___ Herpes/Lesions/Shingles                 | ___ Sinusitis  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| ___ Cancer  | ___ High Blood Pressure                     | ___ Sleep Apnea  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| ___ Cataracts   | ___ High Cholesterol                        | ___ Spina Bifida   |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| ___ Cerebral Palsy  | ___ Hormone Replacement                     | ___ STD  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| ___ Chemical Dependency   | ___ Hypertension                            | ___ Stroke   |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| ___ Chest Pain  | ___ Hypoglycemic                            | ___ Suicide Attempt(s)   |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| ___ Chicken Pox   | ___ Influenza Pneumonia                     | ___ Swelling Feet  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| ___ Cholera   | ___ IBS ( <i>Irritable Bowel Syndrome</i> ) | ___ Thyroid Problems   |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| ___ Chronic Fatigue Syndrome  | ___ Jaundice                                | ___ Tonsillitis  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| ___ Crohn’s/Colitis   | ___ Kidney Stones                           | ___ Tuberculosis   |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| ___ CRPS (RSD)  | ___ Liver Disease                           | ___ Tumors, Growths  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| ___ Constipation  | ___ Lung Disease                            | ___ Typhoid Fever  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| ___ CVA (Stroke)  | ___ Lupus Erythema ( <i>Discoid</i> )       | ___ Ulcers   |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| ___ Cystic Kidney Disease   | ___ Lupus Erythema (Systemic)               | ___ Unspec. Pleural Effusion   |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| ___ Depression  | ___ Malaria                                 | ___ Vaginal Infections   |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| ___ Diabetes ( <i>insulin</i> )   | ___ Measles                                 | ___ Vertigo  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| ___ Diabetes ( <i>non insulin</i> )   | ___ Migraine Headaches                      | ___ Whooping Cough   |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| ___ Ear Infections  | ___ Miscarriage                             | ___ Other:   |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| ___ Eating Disorder   | ___ Mononucleosis                           | _____  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |
| ___ Eczema  | ___ Multiple Sclerosis                      |  |           |          |           |          |           |               |           |               |           |         |           |              |           |          |           |         |           |           |           |         |           |         |           |                |           |         |           |         |           |              |           |                 |           |           |           |         |           |                     |           |          |           |          |           |         |           |          |           |         |           |   |  |  |         |                         |               |              |                  |                         |                |               |                   |               |                          |              |                 |                |               |            |                    |           |              |              |               |                  |            |                       |               |               |                |            |          |               |                       |               |                      |                 |                  |                          |                        |                   |                     |                |                   |                   |                       |               |               |                 |            |                      |                |                    |                        |             |                             |               |            |                         |                 |               |                      |                  |                    |                         |         |                         |                  |            |                |                  |                        |                 |                         |                   |             |   |                      |                              |              |                 |                     |                   |                  |                |                   |                     |                  |                  |                   |                  |                                       |            |                           |                               |                              |                |             |                        |                                 |             |             |                                     |                        |                    |                    |                 |            |                     |                   |       |            |                        |  |

# Review of Systems

Indicated which of the below you have experienced in the **last 1-2 months**.  
**1=Never; 2=Rarely; 3=Occasionally; 4=Frequently; 5=Constantly**

## Ears/Nose

Decreased Hearing 1 2 3 4 5  
 Ear Drainage 1 2 3 4 5  
 Ear Pain/Ear Infection 1 2 3 4 5  
 Frequent Sneezing 1 2 3 4 5  
 Headaches 1 2 3 4 5  
 Hayfever 1 2 3 4 5  
 Itchy/Watery Eyes 1 2 3 4 5  
 Loss of Smell 1 2 3 4 5  
 Nose Bleeds 1 2 3 4 5  
 Nose Drainage/Runny 1 2 3 4 5  
 Ringing in Ears 1 2 3 4 5  
 Snoring 1 2 3 4 5  
 Stuffy Nose 1 2 3 4 5  
 TMJ 1 2 3 4 5

## Eyes/Vision

Blindness 1 2 3 4 5  
 Blurred/Double Vision 1 2 3 4 5  
 Cataracts 1 2 3 4 5  
 Eye Pain 1 2 3 4 5  
 Field Cuts 1 2 3 4 5  
 Glaucoma 1 2 3 4 5  
 Itching 1 2 3 4 5  
 Photophobia 1 2 3 4 5  
 Tearing 1 2 3 4 5  
 Wear Glasses/Contacts 1 2 3 4 5

## Skin

Excessive Sweating 1 2 3 4 5  
 Eczema 1 2 3 4 5  
 Dryness 1 2 3 4 5  
 Hives 1 2 3 4 5  
 Itching 1 2 3 4 5  
 Lumps 1 2 3 4 5  
 Nail Texture/ 1 2 3 4 5  
 Skin Color Changes 1 2 3 4 5  
 Rashes 1 2 3 4 5  
 Skin Lesions 1 2 3 4 5  
 Varicosities 1 2 3 4 5

## Cardiovascular

Angina 1 2 3 4 5  
 Chest Pain 1 2 3 4 5  
 Leg pain/ache 1 2 3 4 5  
 Congestive Heart Failure 1 2 3 4 5  
 Coronary Artery Disease 1 2 3 4 5  
 Difficulty Breathing Lying 1 2 3 4 5  
 Heart Murmur 1 2 3 4 5  
 Heart Problems 1 2 3 4 5  
 High Blood Press (no meds) 1 2 3 4 5  
 High Blood Press (on meds) 1 2 3 4 5  
 Low Blood Pressure 1 2 3 4 5  
 Pacemaker/Defibrillator 1 2 3 4 5  
 Palpitations 1 2 3 4 5  
 Shortness of Breath 1 2 3 4 5  
 with Exertion/Exercise 1 2 3 4 5  
 Swelling of Legs 1 2 3 4 5  
 Ulcers 1 2 3 4 5  
 Varicose Veins 1 2 3 4 5

Waking at Night –  
 Shortness of Breath 1 2 3 4 5

## Muscular/Skeletal

Ankle/Foot Pain 1 2 3 4 5  
 Arthritis 1 2 3 4 5  
 Balance Problems 1 2 3 4 5  
 Elbow Pain 1 2 3 4 5  
 Fibromyalgia 1 2 3 4 5  
 Hip Pain 1 2 3 4 5  
 Joint Pain 1 2 3 4 5  
 Knee Pain 1 2 3 4 5  
 Low Back Pain 1 2 3 4 5  
 Muscle Aches 1 2 3 4 5  
 Muscle Cramping  
 Muscle Stiffness(in a.m.)  
 Neck Pain 1 2 3 4 5  
 Pain Between Shoulder 1 2 3 4 5  
 Pain Wakens You 1 2 3 4 5  
 Shoulder Pain 1 2 3 4 5  
 Weakness in Arms/Legs 1 2 3 4 5  
 Wrist/Hand Pain 1 2 3 4 5

## Gastrointestinal

Abdominal Pain/Cramps 1 2 3 4 5  
 Abnormal Stool 1 2 3 4 5  
 Belching 1 2 3 4 5  
 Black/Tarry Stools 1 2 3 4 5  
 Bloating/Gas 1 2 3 4 5  
 Change in Appetite 1 2 3 4 5  
 Change in Bowel Habit 1 2 3 4 5  
 Constipation 1 2 3 4 5  
 Crohn's Disease 1 2 3 4 5  
 Diarrhea 1 2 3 4 5  
 Hemorrhoids 1 2 3 4 5  
 Indigestion 1 2 3 4 5  
 Jaundice 1 2 3 4 5  
 Rectal Bleeding 1 2 3 4 5  
 Reflux/Heartburn 1 2 3 4 5  
 Nausea/Vomiting 1 2 3 4 5  
 Vomiting Blood 1 2 3 4 5

## Throat/Respiratory

Asthma/ Wheezing 1 2 3 4 5  
 Bleeding Gums 1 2 3 4 5  
 Chronic Cough 1 2 3 4 5  
 Coughing up Blood 1 2 3 4 5  
 Chest Congestion 1 2 3 4 5  
 Dentures 1 2 3 4 5  
 Difficulty Swallowing 1 2 3 4 5  
 Hoarseness 1 2 3 4 5  
 Shortness of Breath 1 2 3 4 5  
 Sore Throat 1 2 3 4 5

## Hematologic

Anemia 1 2 3 4 5  
 Ease of Bleeding 1 2 3 4 5  
 Blood Clotting 1 2 3 4 5  
 Blood Transfusion 1 2 3 4 5  
 Bruise Easily 1 2 3 4 5  
 Lymph Node Swelling 1 2 3 4 5

## Neurological

Dizziness 1 2 3 4 5  
 Facial/Limb Weakness 1 2 3 4 5  
 Fainting/  
 Loss of Consciousness 1 2 3 4 5  
 Headaches 1 2 3 4 5  
 Loss of Memory 1 2 3 4 5  
 Migraines 1 2 3 4 5  
 Numbness 1 2 3 4 5  
 Seizures 1 2 3 4 5  
 Sleep Disturbance 1 2 3 4 5  
 Slurred Speech 1 2 3 4 5  
 Stroke 1 2 3 4 5  
 Tingling 1 2 3 4 5  
 Tremor 1 2 3 4 5  
 Unsteadiness of Gait 1 2 3 4 5

## Mental/Emotional

Anxiety/Panic 1 2 3 4 5  
 Behavioral Change 1 2 3 4 5  
 Bi-Polar Disorder 1 2 3 4 5  
 Blackouts/Amnesia 1 2 3 4 5  
 Clumsy 1 2 3 4 5  
 Confusion 1 2 3 4 5  
 Cry Often 1 2 3 4 5  
 Daytime Sleepiness 1 2 3 4 5  
 Convulsions 1 2 3 4 5  
 Depression 1 2 3 4 5  
 Emotional Numbness 1 2 3 4 5  
 Foggy Thinking 1 2 3 4 5  
 Forgetfulness 1 2 3 4 5  
 Have Considered Suicide 1 2 3 4 5  
 Have Hallucinations 1 2 3 4 5  
 Have Overused Alcohol 1 2 3 4 5  
 Hyperactive 1 2 3 4 5  
 Insecure 1 2 3 4 5  
 Insomnia 1 2 3 4 5  
 Jittery 1 2 3 4 5  
 Memory Loss 1 2 3 4 5  
 Mood Swings/Irritability 1 2 3 4 5  
 Nervous Breakdown 1 2 3 4 5  
 Grumpiness 1 2 3 4 5  
 Poor Concentration 1 2 3 4 5  
 Restless Leg Syndrome 1 2 3 4 5  
 Shy 1 2 3 4 5  
 Uses Tranquilizers 1 2 3 4 5  
 Withdrawn 1 2 3 4 5  
 Workaholic 1 2 3 4 5

## Urinary

Blood in Urine 1 2 3 4 5  
 Burning or Pain 1 2 3 4 5  
 Frequency 1 2 3 4 5  
 Incontinence 1 2 3 4 5  
 Kidney Stone 1 2 3 4 5  
 Urgency 1 2 3 4 5

## Endocrine

Abnormal Urination 1 2 3 4 5  
 Change in Appetite 1 2 3 4 5  
 Decreased Endurance 1 2 3 4 5

Diabetes 1 2 3 4 5  
 Excessive Hunger 1 2 3 4 5  
 Excessive Thirst 1 2 3 4 5  
 Fatigue/Drowsiness 1 2 3 4 5  
 Feel "Burned Out" 1 2 3 4 5  
 Goiter 1 2 3 4 5  
 Hair Loss/Hair Growth 1 2 3 4 5  
 Hot Flashes/Night Sweats 1 2 3 4 5  
 Hypo/Hyper Thyroid 1 2 3 4 5  
 Inability to Lose Weight 1 2 3 4 5  
 Poor Sleep 1 2 3 4 5  
 Voice Changes 1 2 3 4 5  
 Weight Loss/Gain 1 2 3 4 5

## Reproductive

Burning Urination 1 2 3 4 5  
 Cramps 1 2 3 4 5  
 Frequent Urination 1 2 3 4 5  
 Hormone Therapy 1 2 3 4 5  
 Itching/Rash 1 2 3 4 5  
 Decreased Libido 1 2 3 4 5  
 Mood Swings 1 2 3 4 5  
 STI's 1 2 3 4 5  
 Infertility

## Males Only:

Have you had a PSA? ☐ Yes ☐ No  
**Levels?** ☐ 0-2 ☐ 2-4 ☐ 4-10 ☐ >10

Erectile Dysfunction 1 2 3 4 5  
 Genital Pain 1 2 3 4 5  
 Hernia 1 2 3 4 5  
 Impotence 1 2 3 4 5  
 Urination at Night 1 2 3 4 5  
 Prostate Enlargement 1 2 3 4 5  
 Prostate Infection 1 2 3 4 5

## Females Only:

Heavy Bleeding 1 2 3 4 5  
 Hot Flashes 1 2 3 4 5  
 Irregular Menstruation 1 2 3 4 5  
 Ovarian Cysts 1 2 3 4 5  
 Pain During Sex 1 2 3 4 5  
 Painful Periods 1 2 3 4 5  
 Vaginal Discharge 1 2 3 4 5  
 Vaginal Dryness 1 2 3 4 5

Notes:

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## Medical History

Please check all that apply / Indicate When and any Comments/Results

**Surgeries (Indicate what year and if applicable what region/area)**

|   |  |
|---|--|
| <input type="checkbox"/> N/A            | <input type="checkbox"/> Replacements      |
| <input type="checkbox"/> Appendectomy   | <input type="checkbox"/> Bunionectomy      |
| <input type="checkbox"/> Cardiac Bypass | <input type="checkbox"/> Cataracts         |
| <input type="checkbox"/> C-Section      | <input type="checkbox"/> Carpal Tunnel     |
| <input type="checkbox"/> Cosmetic       | <input type="checkbox"/> Ear Tubes         |
| <input type="checkbox"/> Gall Bladder   | <input type="checkbox"/> Hysterectomy      |
| <input type="checkbox"/> Implants       | <input type="checkbox"/> Knee              |
| <input type="checkbox"/> Lasik          | <input type="checkbox"/> Spinal Fusion     |
| <input type="checkbox"/> Tonsillectomy  | <input type="checkbox"/> Wisdom Discectomy |

## Injuries

|                                      |                      |   |                      |
|--------------------------------------|----------------------|---|----------------------|
| <input type="checkbox"/> Back Injury | <input type="text"/> | <input type="checkbox"/> Broken Bones/Fractures | <input type="text"/> |
| <input type="checkbox"/> Head Injury | <input type="text"/> | <input type="checkbox"/> Industrial             | <input type="text"/> |
| <input type="checkbox"/> Neck Injury | <input type="text"/> | <input type="checkbox"/> Severe Fall            | <input type="text"/> |
| <input type="checkbox"/> Soft Tissue | <input type="text"/> | <input type="checkbox"/> Other                  | <input type="text"/> |

## Family Health History

*Check all family members that apply*

|                      |
|----------------------|
| Mother               |
| Father               |
| Brother (s)          |
| Sister (s)           |
| Children             |
| Maternal Grandmother |
| Maternal Grandfather |
| Paternal Grandmother |
| Paternal Grandfather |
| Aunts                |
| Uncles               |
| Other                |

**Age (if still alive)**

Age at Death (if deceased)

## Cancers

## Colon Cancer

Breast or Ovarian Cancer

Heart Disease

Hypertension

## Obesity

Diabetes

## Stroke

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Inflammatory Arthritis (ex: Rheumatoid Psoriatic)

## Inflammatory Bowel Disease

## Multiple Sclerosis

Auto Immune Disease (ex: Lupus, Hashimotos)

## Irritable Bowel Syndrome

## Celiac Disease

## Asthma

Eczema / Psoriasis

Food Allergies, Sensitivities or Intolerances

## Environmental Sensitivities

## Dementia

Parkinson's

### ALS or other Motor Neuron Diseases

## Genetic Disorders

Substance Abuse (such as Alcoholism)

## Psychiatric Disorders

## Depression

## Schizophrenia

ADHD

Autism

Bipolar Disease

Other:

## NORTHVIEW MEDICAL CONSENT TO TREAT

I hereby request and consent to the performance of examinations, orthopedic testing, chiropractic manipulation and manual therapy techniques and other chiropractic procedures, including various modes of physical therapeutic modalities and procedures and diagnostic X-rays, where warranted, on me (or on the patient named below, for whom I am legally responsible) by the doctor of chiropractic named below and/or other licensed doctors of chiropractic who now or in the future work at the clinic or office listed below:

Dr. Savanna Lorenz, D.C.  
Dr. Kyle Lorenz, D.C.  
Dr. Tanner Ruppe, D.C.  
Amanda Tanner, CNM-APRN  
Colby Vossler, PA

I have had an opportunity to discuss with the doctors of chiropractic named the nature and purpose of chiropractic adjustments and other procedures. I understand that results are not guaranteed.

I understand and am informed that, as in the practice of medicine, in the practice of chiropractic there are some risks to treatment and diagnostic services including but not limited to:

Manipulation: increased pain or discomfort, fractures, disc injuries, strokes, dislocations and sprains.

Therapeutic Modalities and procedures: additional pain and discomfort. Endurance exercise may cause increased risk of acute Myocardial Infarction (heart attack) in patients with known or possible cardiac conditions.

Radiographs: ionizing radiation can be harmful to a fetus for those who are pregnant or might be pregnant.

I do not expect the doctor to be able to anticipate and explain all risks and complications, and I wish to rely upon the doctor to exercise judgment during the course of the procedure which the doctor feels at the time, based upon the facts then known to him or her, is in my best interest. The doctor named below has additionally explained the risks associated with my refusal of treatment.

I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above-named procedures. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

Patient/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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

## CONSENT FOR AUTHORIZATION TO PERFORM X-RAYS

Date \_\_\_\_\_ Time \_\_\_\_\_ AM / PM

I have been informed by the providers that diagnostic x-rays are advisable in my case so that a complete analysis can be made of my present musculoskeletal problem (or illness).

I authorize the provider to perform such radiographic examination necessary to diagnose, and to administer whatever treatment is deemed necessary to treat my present problem (or illness).

Signed: \_\_\_\_\_

Witness: \_\_\_\_\_

To the best of my knowledge I am NOT pregnant and the providers have my permission to x-ray me for diagnostic interpretation.

Signed: \_\_\_\_\_

\*\* Please Note if you are currently pregnant, there is no need to sign in either spot, we will revisit this after the child is born.

## **Informed Consent for Conservative Care**

*To the patient: You have a right to be informed about your condition, the recommended treatment, and the potentiality of any risks involved with the recommended treatment. This information will assist you in making an informed decision whether or not to have the treatment. This information is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or refuse to give your consent to treatment.*

\_\_\_ I understand The Doctor and/or Medical Provider are offering to treat the pain and symptoms associated with the diagnoses of peripheral neuropathy, spinal disk herniations or bulge and subluxation with its associated neuromusculoskeletal conditions. The Doctor and/or Medical Provider will not offer to diagnose or treat any diseases.

\_\_\_ I understand that The Doctor and/or Medical Provider will not be held responsible for any health conditions or diagnoses which are pre-existing, given by another health care practitioner, or those that are not related to the nervous system or structural spinal conditions diagnosed at this clinic.

\_\_\_ I understand that The Doctor and/or Medical Provider will not be prescribing any medications nor will be giving any advice about medications that I am currently taking. All medication advice is referred to your pharmacist and medical provider.

\_\_\_ I understand that there are some risks to manual chiropractic adjustments including, but not limited to: broken bones, increased symptoms and pain, dislocations, sprains/strains, no improvement of symptoms or pain.

I have read, or have had read to me, the above consent. By signing below, I consent to the initial visit. I intend this consent form to cover the entire course of my treatment for my current condition.

### ***To be completed by the patient:***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Printed name*  
*Signature*  
*Date Signed*  
*Witness/Date*

### ***To be completed by the Patient's representative:***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Patient's Name*  
*Name of Representative*  
*Rep's Signature / Relationship*  
*Date Signed*