PERSONAL HEALTH HISTORY

ADHD or ADD	❒ Yes	❒ No	Endometriosis	❒ Yes	❒ No
Alcoholism/Substance Abuse	❒ Yes	❒ No	Fibromyalgia	❒ Yes	❒ No
Allergies/Hay fever	❒ Yes	❒ No	Gout	❒ Yes	❒ No
Anemia	❒ Yes	❒ No	GYN Problems	❒ Yes	❒ No
Anesthesia Complications	❒ Yes	❒ No	HIV	❒ Yes	❒ No
Anxiety Disorder or Recurrent Anxiety	❒ Yes	❒ No	Heart Problems	❒ Yes	❒ No
Arthritis	❒ Yes	❒ No	Hepatitis C	❒ Yes	❒ No
Asthma	❒ Yes	❒ No	High Blood Pressure/Hypertension	❒ Yes	❒ No
Autism Spectrum Disorder	❒ Yes	❒ No	High Cholesterol	❒ Yes	❒ No
Bipolar or Schizophrenia	❒ Yes	❒ No	Kidney Stones	❒ Yes	❒ No
Birth Defects or Inherited Disease	❒ Yes	❒ No	Kidney or Bladder Problems	❒ Yes	❒ No
Blood Transfusion	❒ Yes	❒ No	Liver Disease	❒ Yes	❒ No
Cancer	❒ Yes	❒ No	Migraines	❒ Yes	❒ No
Chicken Pox	❒ Yes	❒ No	Muscle, Joint, or Bone Problems	❒ Yes	❒ No
Clotting Problems/bleed too much	❒ Yes	❒ No	Osteoporosis	❒ Yes	❒ No
Depression	❒ Yes	❒ No	Reflux/GERD	❒ Yes	❒ No
Developmental or Behavioral Disorders	❒ Yes	❒ No	Seizures/Epilepsy	❒ Yes	❒ No
Diabetes or Pre-Diabetes	❒ Yes	❒ No	Skin problems (Rashes/Changing Moles)	❒ Yes	❒ No
Diverticulitis/Diverticulosis	❒ Yes	❒ No	Stomach Ulcers or Swallowing Problems	❒ Yes	❒ No
Domestic Violence	❒ Yes	❒ No	Stroke or TIA	❒ Yes	❒ No
Ear Infections - Chronic	❒ Yes	❒ No	Thyroid Problems	❒ Yes	❒ No
Ear or Hearing Problems	❒ Yes	❒ No	Tuberculosis or Positive TB Test	❒ Yes	❒ No
Eating Disorder like Anorexia or Bulimia	❒ Yes	❒ No	Vision or Eye Problems	❒ Yes	❒ No
Eczema	❒ Yes	❒ No	Other:	❒ Yes	❒ No
Emphysema/COPD/Chronic Bronchitis	❒ Yes	❒ No			