

- Yes No 22. Have you ever had or been treated for RESPIRATORY PROBLEMS?
 - Yes No Asthma Yes No Bronchitis
 - Yes No Wheezing Yes No Recent Pneumonia
 - Yes No Emphysema Yes No Tuberculosis
 - Yes No Chronic Cough or Shortness of Breath
- Yes No 23. Have you ever had or been treated for KIDNEY PROBLEMS?
 - Yes No Kidney Failure (Renal Failure)
 - Yes No Dialysis (Date Last Done: _____)
 - Yes No Kidney Stones
- Yes No 24. Have you ever had or been treated for DIGESTIVE TRACT PROBLEMS?
 - Yes No Liver Problems Yes No Peptic Ulcer or Gastritis
 - Yes No Hepatitis Yes No Hiatal Hernia or GE Reflux
 - Yes No Yellow Jaundice Yes No Pancreatitis
 - Yes No Cirrhosis of the Liver
- Yes No 25. Do you have any SKIN DISORDERS?
 - Yes No Open wound(s) or rash
- Yes No 26. Have you ever had or been treated for ENDOCRINE or METABOLIC DISEASES?
 - Yes No Diabetes
 - Yes No Low Blood Sugar
 - Yes No Thyroid Disease
 - Yes No Porphyra
- Yes No 27. Have you ever had a PROBLEM WITH COAGULATION or EASY BRUISING OR BLEEDING?
 - Yes No Hemophilia
 - Yes No Family history of bleeding problems
 - Yes No Sickle Cell Anemia or Trait
 - Yes No Other Blood Disorder
- Yes No 28. Have you ever had or been treated for NEUROLOGIC PROBLEMS?
 - Yes No Stroke Year _____ Yes No Herniated Disk or Spinal Stenosis
 - Yes No Mini-Stroke or TIA Year _____ Yes No Frequent Headaches or Migraines
 - Yes No Seizure, Convulsion, or Epilepsy Yes No Pain in arms or legs
 - Yes No Paralysis or Spinal Cord Injury Yes No Numbness or tingling of arms/legs
- Yes No 29. Have you ever had or been treated for MUSCLE, BONE, or JOINT PROBLEMS?
 - Yes No Trouble Opening Mouth (TMJ) Yes No Rheumatoid Arthritis
 - Yes No Back Pain or Sciatica Yes No Muscle Cramps or Weakness
 - Yes No Neck Problems Yes No Hoarseness (of your voice)
 - Yes No Degenerative (Osteo-) Arthritis
- Yes No 30. If you are a female, IS THERE ANY CHANCE THAT YOU COULD BE PREGNANT NOW?
- 31. If you a female, WHAT IS THE DATE OF THE LAST DAY OF YOUR LAST NORMAL MENSTRUAL PERIOD? _____
- 32. Please describe any medical problems not discussed above:
- 33. PLEASE SIGN AND DATE: The information that I have provided is an accurate and current profile of my medical history and review of systems. I have disclosed all of my medical history known to me.

Patient or Guardian Signature

Date

M.D.'s Initials: _____ Date Reviewed: _____