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| Allergies   Yes    No  If Yes, Date:  Details: | Dizzy Spells   Yes    No  If Yes, Date:  Details: | MRSA   Yes    No  If Yes, Date:  Details: |
| Anemia   Yes    No  If Yes, Date:  Details: | Emphysema/Bronchitis   Yes    No  If Yes, Date:  Details: | Multiple Sclerosis   Yes    No  If Yes, Date:  Details: |
| Anxiety   Yes    No  If Yes, Date:  Details: | Fibromyalgia   Yes    No  If Yes, Date:  Details: | Muscular Disease   Yes    No  If Yes, Date:  Details: |
| Arthritis   Yes    No  If Yes, Date:  Details: | Fractures   Yes    No  If Yes, Date:  Details: | Osteoporosis   Yes    No  If Yes, Date:  Details: |
| Asthma   Yes    No  If Yes, Date:  Details: | Gallbladder Problems   Yes    No  If Yes, Date:  Details: | Parkinson’s   Yes    No  If Yes, Date:  Details: |
| Autoimmune Disorder   Yes    No  If Yes, Date:  Details: | Headaches   Yes    No  If Yes, Date:  Details: | Rheumatoid Arthritis   Yes    No  If Yes, Date:  Details: |
| Cancer   Yes    No  If Yes, Date:  Details: | Hearing Impairment   Yes    No  If Yes, Date:  Details: | Seizures   Yes    No  If Yes, Date:  Details: |
| Cardiac Conditions   Yes    No  If Yes, Date:  Details: | Hepatitis   Yes    No  If Yes, Date:  Details: | Smoking   Yes    No  If Yes, Date:  Details: |
| Cardiac Pacemaker   Yes    No  If Yes, Date:  Details: | High Cholesterol   Yes    No  If Yes, Date:  Details: | Speech Problems   Yes    No  If Yes, Date:  Details: |
| Chemical Dependency   Yes    No  If Yes, Date:  Details: | High/Low Blood Pressure   Yes    No  If Yes, Date:  Details: | Strokes   Yes    No  If Yes, Date:  Details: |
| Circulation Problems   Yes    No  If Yes, Date:  Details: | HIV/AIDS   Yes    No  If Yes, Date:  Details: | Thyroid Disease   Yes    No  If Yes, Date:  Details: |
| Currently Pregnant   Yes    No  If Yes, Date:  Details: | Incontinence   Yes    No  If Yes, Date:  Details: | Tuberculosis   Yes    No  If Yes, Date:  Details: |
| Depression   Yes    No  If Yes, Date:  Details: | Kidney Problems   Yes    No  If Yes, Date:  Details: | Vision Problems   Yes    No  If Yes, Date:  Details: |
| Diabetes   Yes    No  If Yes, Date:  Details: | Metal Implants   Yes    No  If Yes, Date:  Details: |  |