Name	
Doctor's Name	

Your Health History – please check all current and past conditions:

Muscles/Joints/Nerves	Heart/Circulation	Digestion
☐ tension headaches	☐ high blood pressure	🗆 nausea
☐ migraine headaches	□ low blood pressure	☐ constipation
☐ neck pain/injury/whiplash	☐ heart attack/stroke	☐ rapid weight loss
☐ carpal tunnel syndrome	□ chest pain/angina	☐ lack of appetite
☐ arm pain/weakness/tingling	☐ varicose veins/phlebitis	☐ gall stones
□ tooth/jaw/ear pain	□ cold hands & feet	☐ diarrhea
□ vision problems/dizziness	□ swelling	☐ bad taste in mouth
☐ head trauma/concussion	☐ diabetes/heart disease	□ vomiting
loss of co-ordination	☐ light-headed/chronic fatigue	□ ulcers
□ multiple sclerosis	☐ poor healing/bruising	poor nutrition
☐ back pain/injury	□ blood clots	☐ jaundice
∃ strain/sprain	☐ night sweats	☐ gas/bloating
degenerating discs	□ gout	☐ irritable bowel syndrome
sciatica/hip pain	AA A	[] diverticulitis
osteo/rheumatoid arthritis	Genitourinary/Reproductive	
] scoliosis	☐ painful urination	Lungs/Respiration
leg pain/weakness/tingling	□ unusual colour/odour	☐ asthma/bronchitis
tendinitis/fibromyalgia/bursitis	☐ hip or flank pain	☐ chronic cough/smoking
fractures/bone disease	pre-menstrual syndrome	☐ shortness of breath
muscle or nerve disease	☐ crave sweets	☐ allergies/sinus problems
sports injury	☐ breast tenderness	☐ frequent colds
work-related injury	□ pain	
poor posture/rounded shoulders	☐ increased menstrual flow	Other
lupus	☐ irritability	🗆 🗆 insomnia, sleep disorders
] shingles	□ bloating (abdominal)	☐ hormone imbalance
	☐ approx. length of period	☐ eating disorders
Skin	☐ prostate enlargement	☐ cancer/tumors
open sores/cuts/warts	☐ no. of pregnancies	_ 🗆 depression
rashes/athlete's foot	☐ bladder infection	☐ alcohol/drug addiction
dry skin	☐ endometriosis/fibroids	□ candida
□ contagious skin disease	☐ kidney stones	☐ sinus problems