

Health History Checklist:

Place an "x" next to the following conditions you have now or have had in the past:

Heart disease

Chest pain

Stroke

High blood pressure

Shortness of breathe

Irregular heart beat

Fainting

Liver disease (Hepatitis)

Thyroid disease

Anemia

Diabetes

Gallbladder

Numbness or tingling

High cholesterol

Seizures or convulsions

Sever headaches

Asthma

Allergies

Gout

Arthritis

Kidney disease

Swelling of the ankles or feet

Pain/swelling in join

Depression

Anxiety

Recent surgery

Pregnancy (now or within the last 3 months)

Muscle or joint disorder

____Injuries(Please explain)_____
