

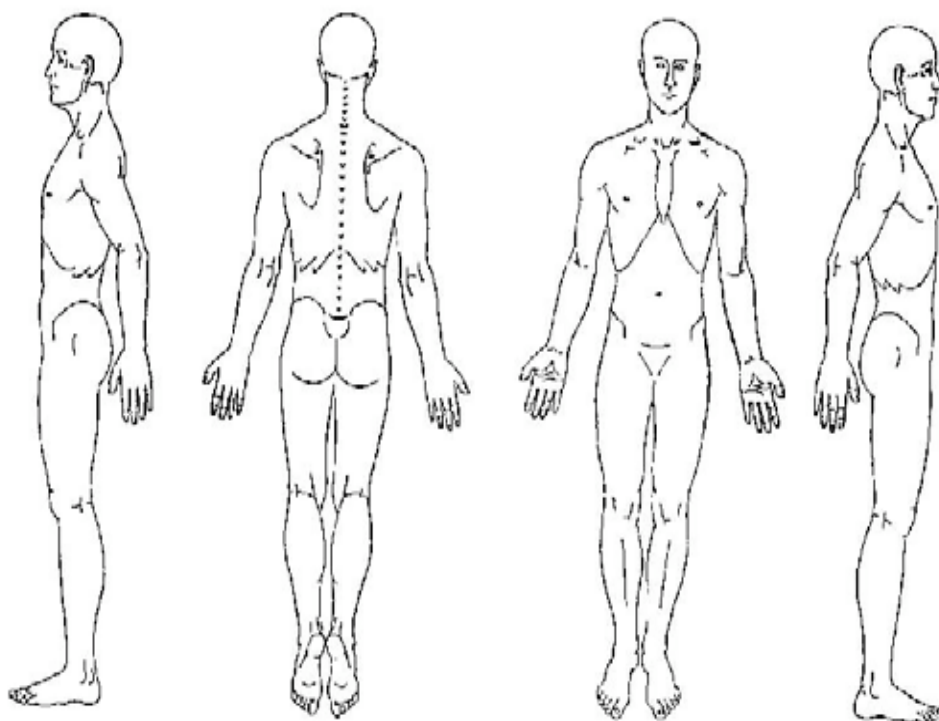
Have you ever suffered from:

CURRENT COMPLAINTS (Continued)

- Alcoholism
- Allergies
- Anemia
- Arthritis
- Artificial Bones, Joints, etc.
- Asthma / Emphysema
- Breast Lumps
- Bronchitis
- Bruise Easily
- Cancer
- Chest Pain / Conditions
- Cold Extremities
- Constipation
- Cramps
- Depression
- Diabetes
- Digestion Problems
- Dizziness
- Ears Ringing
- Eye Pain / Difficulties
- Fatigue
- Frequent Urination
- Headaches
- Heart: _____
- Hemorrhoids
- Herniated Disc _____
- High Blood Pressure
- Hot Flashes
- Hormonal Issues
- Irregular Heart Beat
- Kidney Infection
- Kidney Stones
- Low Blood Pressure
- Menstration issues / PMS
- Mono or Epstein Barr
- Nervousness
- Nosebleeds
- Polio
- Prostate Trouble
- Shingles / Chicken Pox
- Shortness of Breath
- Sinus Infections
- Sleep Problems / Insomnia
- Stroke / Heart Attack
- Swollen Joints
- Thyroid Condition
- TMJ
- Tuberculosis
- Ulcers / Colitis
- Varicose Veins
- Venereal Disease
- Other: _____

Please use the following letters or symbols to indicate TYPE and LOCATION of the symptoms you currently are experiencing:

- A = Aching
- B = Burning
- N = Numbness
- O = Other
- P = Pins & Needles
- S = Stabbing
- D = Dull
- # = Sharp



Signature: _____
 Adult patient Parent or Guardian Spouse