

Health History

| Past Medical History | Yes | No | Specify |
|------------------------------------|----------------------------|----|-------------|
| Headaches/Neurological Disorder | | | |
| Dizziness | | | |
| Thyroid Disease | | | |
| Lung Disorder | | | |
| Heart Condition | | | |
| High Blood Pressure | | | |
| History of Cancer | | | |
| Liver Disease/Hepatitis | | | |
| Stomach/Bowel/Gallbladder Problems | | | |
| Kidney/Bladder Problems | | | |
| Diabetes Type 1 or Type 2 | | | |
| Birth Defects/Congenital Disorders | | | |
| Osteoarthritis | | | |
| Cardiovascular Disease | | | |
| Allergies | | | |
| Complicating Factors | | | |
| Surgical History | | | |
| Previous Therapy | | | |
| Psycho-Social | | | |
| Current Infection | | | |
| Immunosuppression | | | |
| Fracture or Suspected Fracture | | | |
| Cauda Equina Syndrome | | | |
| Blood Clots | | | |
| Pace Maker | | | |
| Past Surgical History | | | Year |
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| Medications | Drug Allergies/NKDA | | |
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| Social History | | | |
| Married/Single: | | | |
| Employed: | | | |
| Tobacco/Alcohol /Drugs | | | |