

Gastrointestinal: Ulcer Reflux (GERD) Diverticulitis Colitis Cirrhosis Hepatitis Pancreatitis
 Other: _____

Urinary: Kidney Failure Stones Urinary Tract Infections Enlarged Prostate
 Other: _____

Hematologic: Anemia Easy Bleeding Easy Bruising Low Platelets
 Other: _____

Endocrine: Pituitary Diabetes Low Thyroid High Thyroid
 Other: _____

Infectious Disease: HIV/AIDS Lyme Disease Tuberculosis
 Other: _____

Psychiatric: Anxiety Disorder Depression Bipolar Disorder
 Other: _____

Neck, Back and Spine:

Use of Alcohol: Never Rarely Moderate Heavy Amount per Day:
Use of Tobacco: Never Previous Current Packs per day: Date Quit:
Marital Status: _____

Family History	Living	Deceased (age)	Illnesses
Mother			
Father			
Sisters (#)			
Brothers (#)			
Children (#)			

Allergies (and reaction): _____

Medications (prescription and non-prescription/OTC):
 Please list dose and schedule (times per day)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
11. _____
12. _____
13. _____
14. _____

Pharmacy Info: _____

Draw Areas of Pain (if applicable):

