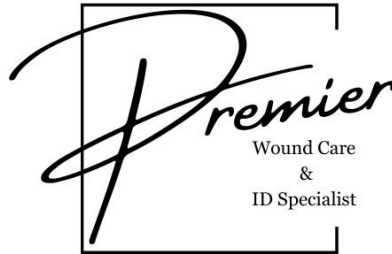


250 Chateau Dr SW, Suite 115
Huntsville, AL 35803



PH: 256.533.4645
FAX: 256.808.3178

Medical History

Have you ever been treated for any of the following medical conditions:

- | | |
|--|---|
| <input type="checkbox"/> No changes since last appointment | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Depression/anxiety |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart problems |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> High cholesterol |
| <input type="checkbox"/> Irritable bowel | <input type="checkbox"/> Lung problems |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Thyroid problems |

Please list any new/additional medical conditions:

Have you ever been hospitalized overnight? Yes / No (circle one)

If Yes, please list reason(s):

Family History

Please list any know medical problems for the relatives listed below:

(for example, diabetes, breast/colon/ovarian/prostate cancer, heart attacks, high blood pressure, alcohol abuse, depression, skin cancer, osteoporosis)

- | | |
|--|---|
| <input type="checkbox"/> No changes since last appointment | <input type="checkbox"/> Brothers/Sisters: _____ |
| <input type="checkbox"/> Mother: _____ | <input type="checkbox"/> Children: _____ |
| <input type="checkbox"/> Father: _____ | <input type="checkbox"/> Other close related: _____ |