



### 10. Neurological/Emotional Function N/A

Do you have any of the following conditions:

- |  |  |
|--|--|
| <input type="checkbox"/> Alzheimer's disease   | <input type="checkbox"/> Depression          |
| <input type="checkbox"/> Anorexia (History of) | <input type="checkbox"/> Epilepsy (NPA)      |
| <input type="checkbox"/> Anxiety               | <input type="checkbox"/> Panic attacks       |
| <input type="checkbox"/> Bipolar disorder      | <input type="checkbox"/> Parkinson's disease |
| <input type="checkbox"/> Bulimia (History of)  | <input type="checkbox"/> Schizophrenia       |

Other issues: \_\_\_\_\_  
\_\_\_\_\_

### 11. Inflammatory Conditions N/A

Do you have any of the following conditions:

- |   |   |
|---|---|
| <input type="checkbox"/> Chronic Fatigue Syndrome                   | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Fibromyalgia                               | <input type="checkbox"/> Osteoarthritis     |
| <input type="checkbox"/> Lupus                                      | <input type="checkbox"/> Psoriasis          |
| <input type="checkbox"/> Migraines                                  | <input type="checkbox"/> Rheumatoid         |
| <input type="checkbox"/> Other autoimmune or inflammatory condition |   |

### 12. Cancer N/A

- Do you have cancer? (NPC)  Yes  No  
If so, what type and where is it located? \_\_\_\_\_
- Have you ever had cancer? (NPC)  Yes  No  
If so, what type and where is it located? \_\_\_\_\_
- Is your cancer in remission? (NPC)  Yes  No  
If so, how long have you been in remission? \_\_\_\_\_ (mm/yy)

### 13. General N/A

- Do you have any other health problems?  Yes  No  
If so, please specify: \_\_\_\_\_  
\_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ DOB: \_\_\_\_\_ (DD/MM/YY) Initials: \_\_\_\_\_