

Have you ever been diagnosed or treated for the following? Circle and/or explain problem  
(Blank responses will be interpreted as no)

	YES	EXPLAIN
<b>GENERAL/CONSTITUTIONAL:</b> (Cancer, Fatigue Syndrome, Developmental Disabilities, Autism, Other)	<hr/>	<hr/>
<b>EARS, NOSE, THROAT:</b> (Sinusitis, Dry Mouth, Hearing Loss, Other)	<hr/>	<hr/>
<b>NEUROLOGICAL:</b> (Migraines, Tumor, Stroke, Epilepsy, MS, Cerebral Palsy, Other)	<hr/>	<hr/>
<b>PSYCHIATRIC:</b> (Depression, Bipolar, OCD, ADD, ADHD, Anxiety, Other)	<hr/>	<hr/>
<b>CARDIOVASCULAR:</b> (High Blood Pressure, Congestive Heart Failure, Vascular Disease, Heart Disease, Stroke, Other)	<hr/>	<hr/>
<b>RESPIRATORY:</b> (Asthma, Sleep Apnea, Emphsema, Cigarette Smoker, Bronchitis, Chronic Obstruction, Other)	<hr/>	<hr/>
<b>Gastrointestinal:</b> (Chron's Disease, Celiac Disease, Ulcer, Colitis, Acid Reflux, Other)	<hr/>	<hr/>
<b>GENITAL, KIDNEY, BLADDER:</b> (Nursing, Pregnant, Benign Prostate, or Cancerous Prostate, Kidney Disease, STD, ED, Other)	<hr/>	<hr/>
<b>MUSCLES, BONES, JOINTS:</b> (Muscular Dystrophy, Gout, Ankylosing Spondylitis, Arthritis, Fibromyalgia, Other)	<hr/>	<hr/>
<b>SKIN:</b> (Rosacea, Psoriasis, Shingles, Cold Sores, Eczema, Other)	<hr/>	<hr/>
<b>ENDORCRINE:</b> (Type 1 Diabetes, Type 2 Diabetes, Thyroid Dysfunction, Other) If Diabetic , last Hemoglobin A1C number: _____ last fasting blood sugar number: _____	<hr/>	<hr/>
<b>BLOOD/LYMPH:</b> (Large Volume Blood Loss, Hight Cholesterol, Anemia, Other)	<hr/>	<hr/>
<b>ALLERGY/IMMUNE SYSTEM:</b> (Lupus, Sjorgren's Rheumatoid Arthritis, Drug Allergies, Environmental Allergies, Other)	<hr/>	<hr/>