## CONFIDENTIAL PATIENT CASE HISTORY

Name: Date: Please check the appropriate box for any of the following symptoms, which you have now or have had previously. We want all the facts about you health before we accept you case. THIS IS A CONFIDENTIAL HEALTH REPORT. **O= OCCASIONAL** F= FREOUENT C= CONSTANT **GENERAL GASTRO-INTESTINAL CARDIO-VASCULAR** O F C OFC OFC □ □ □ Allergy  $\square$   $\square$   $\square$  Belching or gas  $\square$   $\square$   $\square$  Hardening of arteries  $\square$   $\square$   $\square$  High blood pressure  $\Box$   $\Box$   $\Box$  Chills  $\Box \Box \Box$  Convulsions  $\Box$   $\Box$   $\Box$  trouble  $\Box$   $\Box$   $\Box$  Low blood pressure □ □ □ Pain over heart □ □ □ Dizziness  $\Box \Box \Box$  Constipation

□ □ □ Fainting □ □ □ Fever  $\square$   $\square$   $\square$  Headaches  $\Box \Box \Box$  Loss of sleep  $\Box \Box \Box$  Loss of weight □ □ □ Nervousness/depression □ □ □ Hemorrhoids  $\square$   $\square$   $\square$  Neuralgia  $\Box \Box \Box$  Fatigue  $\square$   $\square$   $\square$  Numbness  $\square$   $\square$   $\square$  Sweats  $\square$   $\square$   $\square$  Tremors **MUSCLE & JOINT**  $\Box$   $\Box$   $\Box$  Arthritis  $\square$   $\square$   $\square$  Bursitis  $\square$   $\square$   $\square$  Foot trouble  $\square$   $\square$   $\square$  Hernia  $\Box \Box \Box$  Low back pain  $\Box \Box \Box$  Lumbago  $\square$   $\square$   $\square$  Neck pain or stiffness  $\square$   $\square$   $\square$  Pain between shoulders PAIN OR NUMBNESS IN:  $\square$   $\square$   $\square$  Shoulders  $\Box \Box \Box Arms$  $\Box \Box \Box$  Elbows  $\square$   $\square$   $\square$  Hands  $\square$   $\square$   $\square$  Hips  $\Box \Box \Box \Box$  Legs □ □ □ Painful tail bone  $\square$   $\square$   $\square$  Poor posture 

 $\Box$   $\Box$   $\Box$  Spinal Curvature

 $\square$   $\square$   $\square$  Swollen joints

 $\square$   $\square$   $\square$  Diarrhea  $\Box \Box \Box$  Difficult digestion  $\Box$   $\Box$   $\Box$  Excessive hunger □ □ □ Gall bladder trouble  $\Box \Box \Box$  Distension of abdomen □ □ □ Jaundice  $\square$   $\square$   $\square$  Intestinal worms  $\square$   $\square$   $\square$  Liver trouble □ □ □ Nausea  $\square$   $\square$   $\square$  Pain over stomach  $\square$   $\square$   $\square$  Poor appetite □ □ □ Vomiting  $\Box \Box \Box$  Vomiting of blood EYES, EARS, NOSE, THROAT □ □ □ Asthma  $\Box \Box \Box$  Crossed eyes  $\Box \Box \Box$  Dental decay  $\Box \Box \Box$  Ear discharge  $\Box \Box \Box$  Ear noises  $\Box$   $\Box$   $\Box$  Enlarged glands  $\Box$   $\Box$   $\Box$  Enlarged thyroid  $\Box$   $\Box$   $\Box$  Eye pain  $\Box \Box \Box$  Failing vision  $\Box$   $\Box$   $\Box$  Far sightedness  $\square$   $\square$   $\square$  Hay fever  $\square$   $\square$   $\square$  Nasal obstruction  $\square$   $\square$   $\square$  Near sightedness □ □ □ Nosebleeds  $\Box$   $\Box$   $\Box$  Sinus infections

> $\Box \Box \Box$  Sore throat  $\Box$   $\Box$   $\Box$  Tonsillitis

 $\square$   $\square$   $\square$  Poor circulation  $\square$   $\square$   $\square$  Rapid heart beat  $\Box$   $\Box$   $\Box$  Slow heart beat  $\Box \Box \Box$  Swelling of ankles RESPIRATORY  $\Box \Box \Box$  Chest pain  $\Box \Box \Box$  Chronic cough  $\Box \Box \Box$  Difficult breathing  $\Box \Box \Box$  Spitting up blood SKIN **GENITO-URINARY**  $\square$   $\square$   $\square$  Bed-wetting  $\square$   $\square$   $\square$  Blood in urine  $\Box \Box \Box$  Frequent urination  $\Box$   $\Box$   $\Box$  Inability to control kidneys WOMEN ONLY Y/N Congested breasts Y/N Cramps or backaches Y/N Excessive menstrual flow Y/N Hot flashes

- $\Box \Box \Box$  Spitting up phlegm
- $\square$   $\square$   $\square$  Wheezing
- $\square$   $\square$   $\square$  Boils
- $\square$   $\square$   $\square$  Bruise easily
- $\square$   $\square$   $\square$  Hives or allergy
- $\Box \Box \Box$  Itching
- $\Box \Box \Box$  Skin eruptions (rash)
- □ □ □ Varicose Veins
- $\square$   $\square$   $\square$  Painful urination  $\square$   $\square$   $\square$  Prostate trouble
- $\square$   $\square$   $\square$  Pus in urine

- Y/N Irregular cycle
- Y/N Menopausal symptoms
- Y/N Painful menstruation
- Y/N Vaginal discharge
- Y/N Pregnant