

WELCOME to ACNC

Dr. Keith A. Alexander, DC, DCBCN Specializes in assessing the joint, muscle, nervous system loop and interdependent balance between them. We take great pride in bringing our patients back to a fully functional state of health, and would be honored to serve you!

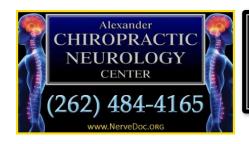
THANK YOU FOR YOUR TRUST!

HEALTH QUESTIONNAIRE

WHAT IS THE PRIMARY REASON FOR YOUR VISIT TODAY?
PLEASE DESCRIBE: SHARP- DULL - ACHE- WEAKNESS- THROBBING- NUMBNESS- TINGLING- SHOOTING- BURNING-
FREQUENCY OF OCCURRENCE: INTERMITTENT (1-25%)- OCCASIONAL (26-50%)- FREQUENT (51-75%)- CONSTANT (76-100%)-
WHAT IS THE INTENSITY OF YOU PAIN AT ITS LOWEST & HIGHEST LEVEL: (NO PAIN) 0 1 2 3 4 5 6 7 8 9 10 (MOST PAIN)
ARE YOUR SYMPTOMS: DECREASING- NOT CHANGING - GETTING WORSE-
SYMPTOMS ARE WORSE: UPON WAKING- EARLY MORNING- LATE MORNING- AFTERNOON- AFTER WORK- AT BEDTIME-
DOES THE DISCOMFORT/PAIN RADIATE/TRAVEL TO OTHER AREAS OF THE BODY?
DESCRIBE HOW THE PROBLEM BEGAN:
HAVE YOU BEEN TREATED FOR THIS BEFORE? YES- NO-
IF (YES), BY WHOM? CHIROPRACTOR- MEDICAL DOCTOR- PHYSICAL THERAPIST- OTHER-
ARE YOU CURRENTLY BEING SEEN? YES- NO- IF SO, HOW OFTEN AND WHAT TREATMENTS?
WHAT MAKES YOUR DISCOMFORT BETTER? NOTHING- LYING DOWN- WALKING- STANDING- SITTING- MOVEMENT/EXERCISE- INACTIVITY-
WHAT MAKES YOUR DISCOMFORT WORSE? NOTHING- LYING DOWN- WALKING- STANDING- SITTING- MOVEMENT/EXERCISE- INACTIVITY- OTHER-
HOW WOULD YOU RATE YOUR STRESS LEVEL? LITTLE / NO STRESS- MINIMAL STRESS- MODERATE STRESS- GREAT STRESS-
GENERAL PHYSICAL ACTIVITY: NO REGULAR EXERCISE- LIGHT EXERCISE- MODERATE EXERCISE- STRENUOUS EXERCISE-
DOES YOUR DISCOMFORT, DYSFUNCTION OR PAIN AFFECT YOUR ABILITY TO BE ACTIVE? (CHECK THE APPROPRIATE ONE) 1.) NO EFFECT 4.) NEED ASSISTANCE OFTEN 4.) HAVE SIGNIFICANT INABILITY TO FUNCTION WITHOUT ASSISTANCE 3.) NEED LIMITED ASSISTANCE TO PERFORM TASKS 6.) A MITOTALLY DISABLED (IMPAIRED)
PHYSICAL ACTIVITY AT WORK: SITTING 50% OR MORE OF WORKDAY- LIGHT MANUAL LABOR- MANUAL LABOR- HEAVY MANUAL LABOR-
HAS YOUR WORK STATUS CHANGED BECAUSE OF THIS COMPLAINT? YES- NO-
WHAT IS YOUR CURRENT WORK STATUS? 1.) — FULL-TIME / NO RESTRICTIONS 2.) — PART-TIME / NO RESTRICTIONS 3.) — FULL-TIME W/ RESTRICTIONS 4.) — PART-TIME W/ RESTRICTIONS 5.) — OFF WORK DUE TO RESTRICTIONS 6.) — FULL-TIME HOMEMAKER 7.) — RETIRED 8.) — FULL-TIME STUDENT DO YOU HAVE A PERMANENT DISABILITY? LOCATION- RATING PERCENTAGE- % DATE RECEIVED-

PRESENT PERSONAL INFORMATION:

CAT(S) BIRD(S) FISH OTHER METER INFREQUENT 1/2 / WEEK MODERATE 3 – 5 / WEEK MODERATE 3 – 5 / WEEK HEAVY 2+ PACKS / WEEK HEAVY 6+ / WEEK HEAVY	HEIGHT: FT.	IN. WEIGHT:	LBS. BLOOD PRESS	:URE: /	PULSE RATE: /MIN
NEVER- NETEQUENT 1 - 2 / WEEK- NEVER- NEVER- NETEQUENT 1 - 2 / WEEK- NEVER- NEVER- NETEQUENT 1 - 2 / WEEK- NEVER- NEVER- NEVER- NETEQUENT 1 - 2 / WEEK- NEVER- NEVER- NEVER- NETEQUENT 1 - 2 / WEEK- NEVER-					<u> </u>
INFREQUENT 1 - 2 / WEEK- INFRECUENTS / WEEK- INFREC	PETS: DOG(S)-	CAT(S)- BIRD(S)-	FISH- OTHER-		
INFREQUENT 1 - 2 TIMES / WEEK INFREQUENT 1 - 2 TIMES / WEEK MODERATE 3 - 5 TIMES / WEEK MODERATE 3 - 5 TIMES / WEEK HEAVY 6+ TIMES / WEEK MODERATE 3 - 5 TIMES / WEEK HEAVY 6+ TI	OBACCO USE:	NEVER- INFREQUEN	IT ½ PACK / WEEK-	MODERATE 1 PACK / WEEK-	HEAVY 2+ PACKS / WEEK-
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HEART PROBLEMS HIGH BLOOD PRESSURE LEG PAINS WITH WALKING LEG SWELLING NIGHT AWAKING (BREATHING) PALPITATIONS HEPATOLOGY: HEPATITIS (A) HEPATITIS (B) HEPATITIS (C) OTHER LIVER CONDITIONS NERVOUSNESS SHOULDER PAIN (RIGHT) ARM / ELBOW PAIN (LEFT) ARM / ELBOW PAIN (RIGHT) ARM / ELBOW PAIN (RIGHT) SUICIDAL THOUGHTS ENDOCRINE: ARM / ELBOW PAIN (RIGHT) WRIST / HAND PAIN (RIGHT) APPETITE CHANGES UPPER BACK PAIN COLD INTOLERANCE DIABETES HAPATOLOGY: HEPATOLOGY: HEPATITIS (A) HEPATITIS (B) HEPATITIS (C) TESTICULAR MASS HIP PAIN (RIGHT) HEPATOLOGY: URINARY RETENTION HEPATITIS (C) DIALYSIS URINARY STREAM CHANGE KIDNEY STONES HALLUCINATIONS HALLUCINATIONS HALLUCINATIONS NERVOUSNESS NEW, / LEBOW PAIN (RIGHT) NERVOUSNESS NEW, / LEBOW PAIN (LEFT) HALLUCINATIONS NERVOUSNESS ARM / ELBOW PAIN (LEFT) WRIST / HAND PAIN (RIGHT) APPETITE CHANGES COLD INTOLERANCE OLD INTOLERANCE LOUNT BACK PAIN HAIR CHANGES HEPATOLOGY: HEMATOLOGY: EASY BRUISING ENLARGED LYMPH NODES KIDNEY STONES NEEP PAIN (RIGHT) ANKLE PAIN (RIGHT) ANKLE PAIN (RIGHT) FOOT PAIN (LEFT) ANKLE PAIN (RIGHT) FOOT PAIN (LEFT)	 leent:	AORTIC ANEURYSM	VOMITING	JAW PAIN (RIGHT)	CHANGE IN SLEEP PATTERN/PR
HIGH BLOOD PRESSURE LEG PAINS WITH WALKING LEG SWELLING INCREASED FREQUENCY NIGHT AWAKING (BREATHING) PALPITATIONS SHORTNESS OF BREATH HEPATOLOGY: HEPATITIS (A) HEPATITIS (B) HEPATITIS (C) OTHER LIVER CONDITIONS NESTICULAR PAIN DIFFICULT STRT/STP URINE ARM / ELBOW PAIN (RIGHT) WRIST / HAND PAIN (RIGHT) WRIST / HAND PAIN (RIGHT) WRIST / HAND PAIN (RIGHT) APPETITE CHANGES COLD INTOLERANCE UPPER BACK PAIN LOWER BACK PAIN HOUSE BACK PAIN HAIR CHANGES INCREASED THIRST HEPATITIS (B) HEPATITIS (C) TESTICULAR MASS HIP PAIN (LEFT) MEPHROLOGY: URINARY RETENTION LEG PAIN (LEFT) HEMATOLOGY: WRIST / HAND PAIN (RIGHT) APPETITE CHANGES COLD INTOLERANCE UPPER BACK PAIN HAIR CHANGES HAIR CHANGES INCREASED THIRST INCREASED THIRST INCREASED URINATION SEXUAL DYSFUNCTION HEMATOLOGY: MEPHROLOGY: URINARY RETENTION LEG PAIN (LEFT) HEMATOLOGY: EASY BRUISING ENLARGED LYMPH NODES KIDNEY CONDITIONS VAGINAL DISCHARGE KIDNEY STONES	DECREASED HEARING	CHEST PAIN / ANGINA	GENITOURINARY:	· · · · ·	DEPRESSION
LEG PAINS WITH WALKING LEG SWELLING INCREASED FREQUENCY NIGHT AWAKING (BREATHING) PALPITATIONS SHORTNESS OF BREATH HEPATOLOGY: HEPATITIS (A) HEPATITIS (B) HEPATITIS (C) OTHER LIVER CONDITIONS URETHRAL DISCHARGE VAGINAL DISCHARGE NIGHT MALKING IMPOTENCE WRIST / HAND PAIN (RIGHT) WRIST / HAND PAIN (RIGHT) WRIST / HAND PAIN (RIGHT) APPETITE CHANGES COLD INTOLERANCE DIABETES HAIR CHANGES HINCREASED THIRST HIP PAIN (LEFT) INCREASED THIRST INCREASED THIRST INCREASED URINATION HIP PAIN (RIGHT) SEXUAL DYSFUNCTION WRIST / HAND PAIN (RIGHT) APPETITE CHANGES COLD INTOLERANCE DIABETES HAIR CHANGES HAIR CHANGES HIP PAIN (LEFT) INCREASED URINATION SEXUAL DYSFUNCTION HIP PAIN (RIGHT) LEG PAIN (RIGHT) EASY BRUISING ENLARGED LYMPH NODES KIDNEY CONDITIONS VAGINAL DISCHARGE KIDNEY STONES WRIST / HAND PAIN (RIGHT) APPETITE CHANGES COLD INTOLERANCE UPPER BACK PAIN COLD INTOLERANCE UPPER BACK PAIN LOWER BACK PAIN LOWER BACK PAIN HAIR CHANGES HA	DOUBLE VISION	HEART PROBLEMS	BLOOD IN URINE	SHOULDER PAIN (RIGHT)	HALLUCINATIONS
LEG SWELLING INCREASED FREQUENCY INIGHT AWAKING (BREATHING) PALPITATIONS SHORTNESS OF BREATH INGHITIME URINATION INGHATOLOGY: HEPATOLOGY: HEPATITIS (A) HEPATITIS (B) HEPATITIS (C) OTHER LIVER CONDITIONS NETHICAL DIAL PAIN DI	DRY MOUTH	HIGH BLOOD PRESSURE	DIFFICULT STRT/STP URINE	ARM / ELBOW PAIN (LEFT)	NERVOUSNESS
NIGHT AWAKING (BREATHING) PALPITATIONS MENSTRUAL IRREGULARITIES SHORTNESS OF BREATH MIGHTIME URINATION MENSTRUAL URINATION MIDDLE BACK PAIN LOWER BACK PAIN DIABETES HEPATOLOGY: HEPATITIS (A) HEPATITIS (B) HEPATITIS (C) OTHER LIVER CONDITIONS MENSTRUAL IRREGULARITIES MIDDLE BACK PAIN LOWER BACK PAIN LOWER BACK PAIN HIP PAIN (LEFT) HINCREASED THIRST INCREASED THIRST INCREASED URINATION SEXUAL DYSFUNCTION HEPATITIS (C) OTHER LIVER CONDITIONS MEPHROLOGY: DIALYSIS URINARY RETENTION URINARY STREAM CHANGE KIDNEY CONDITIONS VAGINAL DISCHARGE WAGINAL DISCHARGE KIDNEY STONES WRIST / HAND PAIN (RIGHT) LOWER BACK PAIN DIABETES HAIR CHANGES HAIR CHANGES INCREASED THIRST INCREASED URINATION SEXUAL DYSFUNCTION HEMATOLOGY: EASY BRUISING ENLARGED LYMPH NODES KNEE PAIN (LEFT) ANKLE PAIN (LEFT) ANKLE PAIN (RIGHT) FOOT PAIN (LEFT) ANKLE PAIN (LEFT)	EAR RINGING	LEG PAINS WITH WALKING	IMPOTENCE	ARM / ELBOW PAIN (RIGHT)	SUICIDAL THOUGHTS
NIGHT AWAKING (BREATHING) PALPITATIONS MENSTRUAL IRREGULARITIES SHORTNESS OF BREATH MIGHTIME URINATION MENSTRUAL URINATION MIDDLE BACK PAIN LOWER BACK PAIN DIABETES HEPATOLOGY: HEPATITIS (A) HEPATITIS (B) HEPATITIS (C) OTHER LIVER CONDITIONS MENSTRUAL IRREGULARITIES MIDDLE BACK PAIN LOWER BACK PAIN LOWER BACK PAIN HAIR CHANGES SACROILIAC / COCCYX PAIN HIP PAIN (LEFT) HIP PAIN (LEFT) MINCREASED THIRST INCREASED THIRST INCREASED URINATION SEXUAL DYSFUNCTION HEMATOLOGY: MEPHROLOGY: DIALYSIS URINARY RETENTION LEG PAIN (RIGHT) EASY BRUISING ENLARGED LYMPH NODES KIDNEY CONDITIONS VAGINAL DISCHARGE KIDNEY STONES WRIST / HAND PAIN (RIGHT) LOWER BACK PAIN LOWER BACK PAIN DIALYSIS LOWER BACK PAIN HAIR CHANGES BACROILIAC / COCCYX PAIN HIN PAIN (LEFT) INCREASED THIRST INCREASED URINATION SEXUAL DYSFUNCTION HEMATOLOGY: EASY BRUISING ENLARGED LYMPH NODES KNEE PAIN (LEFT) ANKLE PAIN (LEFT) ANKLE PAIN (RIGHT) FOOT PAIN (LEFT)	EYE PAIN	LEG SWELLING	INCREASED FREQUENCY	WRIST / HAND PAIN (LEFT)	ENDOCRINE:
SHORTNESS OF BREATH HEPATOLOGY: PAINFUL URINATION PENILE LESIONS HEPATITIS (A) HEPATITIS (B) HEPATITIS (C) OTHER LIVER CONDITIONS NEPHROLOGY: URINARY STREAM CHANGE KIDNEY STONES MIDDLE BACK PAIN LOWER BACK PAIN LOWER BACK PAIN HOPAIN (LEFT) HAIR CHANGES HAIR CHANGES HIP PAIN (LEFT) INCREASED THIRST INCREASED URINATION SEXUAL DYSFUNCTION HEPATITIS (C) URETHRAL DISCHARGE URINARY RETENTION LEG PAIN (LEFT) EASY BRUISING ENLARGED LYMPH NODES KNEE PAIN (RIGHT) ANKLE PAIN (RIGHT) ANKLE PAIN (RIGHT) ANKLE PAIN (RIGHT) FOOT PAIN (LEFT)	EYE REDNESS	NIGHT AWAKING (BREATHING)	LOSS OF BLADDER CONTROL	WRIST / HAND PAIN (RIGHT)	
HEPATOLOGY: HEPATITIS (A) HEPATITIS (B) HEPATITIS (C) OTHER LIVER CONDITIONS DIALYSIS WIGHT STEAM CHANGE VAGINAL DISCHARGE KNEE PAIN (RIGHT) ANKLE PAIN (RIGHT) ANKLE PAIN (LEFT) FOOT PAIN (LEFT)	HOARSENESS	PALPITATIONS	MENSTRUAL IRREGULARITIES	UPPER BACK PAIN	COLD INTOLERANCE
HEPATITIS (A) HEPATITIS (B) HEPATITIS (C) OTHER LIVER CONDITIONS NEPHROLOGY: DIALYSIS WIGHT WIGHT WAGINAL DISCHARGE WIGHT WAGINAL DISCHARGE WAGINAL PAIN (RIGHT) FOOT PAIN (LEFT)	NOSE BLEEDS	SHORTNESS OF BREATH	NIGHTTIME URINATION	MIDDLE BACK PAIN	DIABETES
HEPATITIS (B) HEPATITIS (C) TESTICULAR MASS HIP PAIN (LEFT) HIP PAIN (RIGHT) OTHER LIVER CONDITIONS URETHRAL DISCHARGE URINARY RETENTION DIALYSIS URINARY STREAM CHANGE KIDNEY CONDITIONS VAGINAL DISCHARGE WAGINAL DISCHARGE VAGINAL DISCHARGE KNEE PAIN (RIGHT) ANKLE PAIN (LEFT) ANKLE PAIN (LEFT) ANKLE PAIN (LEFT) ANKLE PAIN (LEFT) FOOT PAIN (LEFT)	ORAL ULCERS	HEPATOLOGY:	PAINFUL URINATION	LOWER BACK PAIN	HAIR CHANGES
HEPATITIS (C) OTHER LIVER CONDITIONS URETHRAL DISCHARGE URINARY RETENTION DIALYSIS KIDNEY CONDITIONS WAGINAL DISCHARGE VAGINAL DISCHARGE URINARY STREAM CHANGE VAGINAL DISCHARGE KIDNEY STONES HEPAIN (RIGHT) LEG PAIN (RIGHT) LEG PAIN (RIGHT) EASY BRUISING ENLARGED LYMPH NODES KNEE PAIN (RIGHT) PROLONGED BLEEDING ANKLE PAIN (LEFT) ANKLE PAIN (LEFT) ANKLE PAIN (LEFT)	SORE THROAT	HEPATITIS (A)	PENILE LESIONS	SACROILIAC / COCCYX PAIN	INCREASED THIRST
OTHER LIVER CONDITIONS URETHRAL DISCHARGE URINARY RETENTION LEG PAIN (LEFT) LEG PAIN (RIGHT) EASY BRUISING ENLARGED LYMPH NODES KIDNEY CONDITIONS VAGINAL DISCHARGE KIDNEY STONES VAGINAL DISCHARGE ANKLE PAIN (RIGHT) ANKLE PAIN (RIGHT) FOOT PAIN (LEFT)	MMUNOLOGY:	HEPATITIS (B)	TESTICULAR MASS	HIP PAIN (LEFT)	INCREASED URINATION
NEPHROLOGY: URINARY RETENTION LEG PAIN (RIGHT) EASY BRUISING ENLARGED LYMPH NODES KIDNEY CONDITIONS VAGINAL DISCHARGE KNEE PAIN (RIGHT) ENLARGED LYMPH NODES KNEE PAIN (RIGHT) PROLONGED BLEEDING ANKLE PAIN (LEFT) ANKLE PAIN (RIGHT) FOOT PAIN (LEFT)	SWOLLEN GLANDS	HEPATITIS (C)	TESTICULAR PAIN	HIP PAIN (RIGHT)	SEXUAL DYSFUNCTION
DIALYSIS URINARY STREAM CHANGE KIDNEY CONDITIONS VAGINAL DISCHARGE KNEE PAIN (LEFT) ANKLE PAIN (LEFT) ANKLE PAIN (LEFT) ANKLE PAIN (RIGHT) FOOT PAIN (LEFT)	TONSILLITIS	OTHER LIVER CONDITIONS	URETHRAL DISCHARGE	LEG PAIN (LEFT)	HEMATOLOGY:
KIDNEY CONDITIONS VAGINAL DISCHARGE KNEE PAIN (RIGHT) ANKLE PAIN (RIGHT) FOOT PAIN (LEFT)	BREAST:	NEPHROLOGY:	URINARY RETENTION	LEG PAIN (RIGHT)	EASY BRUISING
KIDNEY STONES ANKLE PAIN (LEFT) ANKLE PAIN (RIGHT) FOOT PAIN (LEFT)	BREAST MASS	DIALYSIS	URINARY STREAM CHANGE	KNEE PAIN (LEFT)	ENLARGED LYMPH NODES
ANKLE PAIN (RIGHT) FOOT PAIN (LEFT)	BREAST PAIN	KIDNEY CONDITIONS	VAGINAL DISCHARGE	KNEE PAIN (RIGHT)	PROLONGED BLEEDING
FOOT PAIN (LEFT)	NIPPLE DISCHARGE	KIDNEY STONES	_ _	ANKLE PAIN (LEFT)	
H ` ` '	SKIN CHANGES			ANKLE PAIN (RIGHT)	
FOOT PAIN (RIGHT)				FOOT PAIN (LEFT)	
				FOOT PAIN (RIGHT)	
					
	ATIENT / PARENT OR				



WELCOME to ACNC

Dr. Keith A. Alexander, DC, DCBCN Specializes in assessing the joint, muscle, nervous system loop and interdependent balance between them. We take great pride in bringing our patients back to a fully functional state of health, and would be honored to serve you!

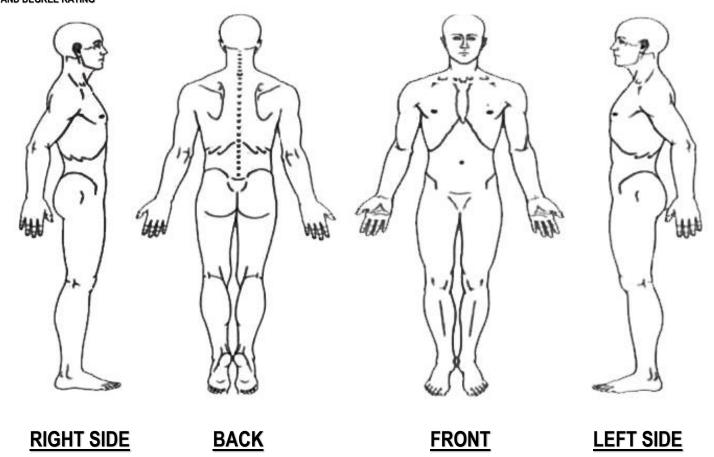
THANK YOU FOR YOUR TRUST!

HEALTH QUESTIONNAIRE

HAVE YOU EVER HAD?	(IF YES, CHECK APPROPRIATE BO)	XES)	
CANCER TYPE:	EMPHYSEMA	THYROID TROUBLE	PROSTATE ENLARGEMENT
HEART ATTACK/CORONARY	PNEUMONIA	HIVES	CYSTIC FIBROSIS
ARTERY DISEASE	TUBERCULOSIS	DEPRESSION	MALARIA
RHEUMATIC FEVER	POSITIVE TB SKIN TEST	HEAD INJURY	OTHER:
HEART FAILURE	OSTEOPOROSIS	BROKEN BONES	
HIGH BLOOD PRESSURE	ARTHRITIS	BLOOD TRANSFUSIONS	
HIGH CHOLESTEROL	GOUT	STD (SEXUALLY TRANSMITTED DISEASES)	
STROKE	FREQUENT BLADDER INFECTION	HERPES	IMMUNIZATIONS:
DIABETES	KIDNEY STONES	HIV	MEASLES, MUMPS & RUBELLA
GALLSTONES	KIDNEY DISEASE	GONORRHEA	CHICKEN POX VACCINE
LIVER DISEASE	POLIO	CHLAMYDIA	HEPATITIS B VACCINE
HEPATITIS / JAUNDICE	CHICKEN POX	SYPHILIS	INFLUENZA VACCINE
ULCER DISEASE	INFECTIOUS MONO	INTRAVENOUS DRUG ABUSE	PNEUMOCOCCAL VACCINE
HEARTBURN / REFLUX	ANEMIA	NEEDLE INJURY	TETANUS BOOSTER
ASTHMA	FREQUENT SINUS INFECTIONS	MUMPS	
SEIZURES	GLAUCOMA	MIGRAINES	
EARS YEAR SINUS / NASAL SEPTUM YEAR TONSILS / ADENOID YEAR THYROID YEAR HEART YEAR STOMACH YEAR	GALL BLADDER APPENDIX INTESTINE / COLON HEMORRHOIDS HERNIA BREAST UTERUS / HYSTERECT OVARIES C-SECTION	YEAR- SPINAL S YEAR- PROSTA' YEAR- VASECTO YEAR- ORTHOPEDIC OMY YEAR- HIPS YEAR- KNEES	SURGERY (NECK) YEAR- TE DMY YEAR- YEAR- YEAR- YEAR-
GYNECOLOGICAL / OB NAME OF OB-GYN: AGE WHEN YOU STARTED MENSTRUATE DATE OF LAST PAP? DATE OF LAST MAMMOGRAM?		REGULAR- IRREGULAR- PAIN W/I	AT MENOPAUSE- PERIODS YES- NO-
NUMBER OF PREGNANCIES?	NUMBER OF BIRTHS?	# OF VAGINAL-	#OF C-SECTION-
METHOD OF CONTRACEPTION-			

SYMPTOM GEOGRAPHY? (PLEASE MARK ON THE BODIES)

NOTE: INDICATE THE AREA ON EACH BODY WHERE YOU ARE EXPERIENCING ANY DYSFUNCTION, DISCOMFORT OR PAIN; WITH THE CORRESPONDING SYMPTOM AND DEGREE RATING



SYMPTOM KEY:

PAIN=	XXX	1-10	BURNING=	BBB	1-10	ACHE=	AAA	1-10	SHOOTING:	SHSHSH	1-10
NUMBNESS=	000	1-10	TINGLING=	TTT	1-10	SHARP=	SPSPSP	1-10			

PAST FAMILY HISTORY? (IF YES, CHECK APPROPRIATE BOXE/S AND LIST RELATIONSHIP)

CANCER	WHO-	DIALYSIS	WHO-	CROHN'S / COLITIS	WHO-
DIABETES	WHO	CHRONIC LUNG DISEASE	WHO	ALZHEIMER'S	WHO-
CARDIAC DYSRHYTHMIA	WHO	TUBERCULOSIS	WHO	ALCOHOLISM	WHO-
CONGESTIVE HEART FAILURE	WHO-	RHEUMATOID ARTHRITIS	WHO-	BLEEDING TENDENCY	WHO-
CORONARY ARTERY DISEASE	WHO-	THYROID TROUBLE	WHO-	ANEMIA	WHO-
VALVULAR HEART DISEASE	WHO-	OSTEOPOROSIS	WHO-	GOUT	
HIGH BLOOD PRESSURE	WHO-	CYSTIC FIBROSIS	WHO-	DEPRESSION	WHO-
HIGH CHOLESTEROL	WHO-	ASTHMA	WHO-	MENTAL ILLNESS	WHO-
STROKE	WHO-	PEPTIC ULCER	WHO-	SEIZURES	WHO-
KIDNEY STONES	WHO-	GALLSTONES	WHO-	MIGRAINE HEADACHES	WHO-
KIDNEY DISEASE	WHO-				
OTHER:	·				

PATIENT / PARENT OR						
GUARDIAN'S SIGNATURE:		DATE:		1	1	
•	IF PARENT OR GUARDIAN'S SIGNATURE PLEASE PROVIDE (TITLE).	-	MONTH	DAY	YEAR	