

DO YOU CURRENTLY HAVE ANY OF THE FOLLOWING PROBLEMS? IF YES PLEASE EXPLAIN:

ENDOCRINE PROMBLEMS (DIABETES, THYROID, GLANDULAR)

YES _____ NO _____

CRONIC FEVER, UNEXPECTED WEIGHT LOSS/GAIN, FATIGUE

YES _____ NO _____

EAR/NOSE/THROAT PROBLEMS (SINUSITIS, HEARING LOSS)

YES _____ NO _____

HEART PROBLEMS (CHEST PAIN, IRREGULAR HEART BEAT)

YES _____ NO _____

RESPIRATORY (SHORTNESS OF BREATH, WHEEZING)

YES _____ NO _____

GASTROINTESTINAL PROBLEMS (HEARTBURN, VOMITING)

YES _____ NO _____

URINARY PROMBLEMS (PAIN/DISCOMFORT, BLOOD IN URINE)

YES _____ NO _____

SKIN PROBLEMS (RASHES, EXCESSIVE DRYNESS)

YES _____ NO _____

MUSCULOSKELETAL PROBLEMS (JOINT PAIN, MUSCLE ACHES)

YES _____ NO _____

NEUROLOGICAL PROBLEMS (NUMBNESS, HEADACHE, PARALYSIS)

YES _____ NO _____

HEMATOLOGICAL PROBLEMS (BLEEDING, ANEMIA, PHLEBITIS)

YES _____ NO _____

PSYCHIATRIC PROBLEMS (DEPRESSION, ANXIETY)

YES _____ NO _____

COMMENTS

DOCTORS SIGNATURE _____

DATE _____