

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 your health before we accept your case. THIS IS A CONFIDENTIAL HEALTH REPORT.

O= OCCASSIONAL

F= FREQUENT

C= CONSTANT

GENERAL

O F C

- Allergy
- Chills
- Convulsions
- Dizziness
- Fainting
- Fever
- Headaches
- Loss of sleep
- Loss of weight
- Nervousness/depression
- Neuralgia
- Fatigue
- Numbness
- Sweats
- Tremors

MUSCLE & JOINT

- Arthritis
- Bursitis
- Foot trouble
- Hernia
- Low back pain
- Lumbago
- Neck pain or stiffness
- Pain between shoulders
- PAIN OR NUMBNESS IN:**
- Shoulders
- Arms
- Elbows
- Hands
- Hips
- Legs
- Knees
- Feet
- Painful tail bone
- Poor posture
- Sciatica
- Spinal Curvature
- Swollen joints

GASTRO-INTESTINAL

O F C

- Belching or gas
- Colitis
- Vomiting of blood
- Constipation
- Diarrhea
- Difficult digestion
- Excessive hunger
- Gall bladder trouble
- Distension of abdomen
- Hemorrhoids
- Jaundice
- Intestinal worms
- Liver trouble
- Nausea
- Pain over stomach
- Poor appetite
- Vomiting

EYES, EARS, NOSE, THROAT

- Asthma
- Colds
- Crossed eyes
- Deafness
- Dental decay
- Earache
- Ear discharge
- Ear noises
- Enlarged glands
- Enlarged thyroid
- Eye pain
- Failing vision
- Far sightedness
- Gum trouble
- Hay fever
- Hoarseness
- Nasal obstruction
- Near sightedness
- Nosebleeds
- Sinus infections
- Sore throat
- Tonsillitis

CARDIO-VASCULAR

O F C

- Hardening of arteries
- High blood pressure
- Low blood pressure
- Pain over heart
- Poor circulation
- Rapid heart beat
- Slow heart beat
- Swelling of ankles

RESPIRATORY

- Chest pain
- Chronic cough
- Difficult breathing
- Spitting up blood
- Spitting up phlegm
- Wheezing

SKIN

- Boils
- Bruise easily
- Dryness
- Hives or allergy
- Itching
- Skin eruptions (rash)
- Varicose Veins

GENITO-URINARY

- Bed-wetting
- Blood in urine
- Frequent urination
- Inability to control kidneys
- Painful urination
- Prostate trouble
- Pus in urine

WOMEN ONLY

- Y/N Congested breasts
- Y/N Cramps or backaches
- Y/N Excessive menstrual flow
- Y/N Hot flashes
- Y/N Irregular cycle
- Y/N Menopausal symptoms
- Y/N Painful menstruation
- Y/N Vaginal discharge
- Y/N Pregnant