

MEDICAL HISTORY

Do you have any of the following?	When did it start?	How does it affect you or how are you treating it?	Other comments
Alzheimer's Disease			
Parkinson's Disease			
Migraines			
Multiple Sclerosis			
Post herpetic Neuralgia (Pain after Shingles)			
Neuropathy (nerve damage)			
Spinal injuries			
Brain injuries			
Stroke or "mini" stroke			
Muscle or bone problems			
Diabetes			
Heart problems			
Breathing problems			
Seasonal Allergies			
Thyroid disease			
Digestive problems			
Urinary problems			
Skin or Hair disorders			
Infections			
Cancer			
Elevated Cholesterol			
High Blood Pressure			
Eye problems			
Reproductive disease			

Are you allergic to any medications?	What happens when you have a reaction?
Are you allergic to any foods	What happens when you have a reaction?
Do you have seasonal allergies?	When and what do you take for them?
Have you had any surgeries?	When did you have the surgery?
Do you have any serious phobias (fears) such as fear of needles or claustrophobia?	
Do you smoke? Did you ever smoke?	
If yes, how much did (do) you smoke?	

Do you drink alcohol?	
If yes, how much and how often?	
What is or was your occupation?	
Do you have a living will or similar document?	
Do you have a legally authorized representative or guardian?	
If you have children, how many do you have?	
Do any of your children have health problems?	
Do you have brothers and sisters?	
Do (did) they have any medical problems?	
Are your parents alive?	
Do (did) they have any medical problems?	