Past or Present Medical History: (check all that apply)

□ None apply

□ AIDS or HIV	□ Epilepsy □ Seizures	□ Kidney Disease	□ Scoliosis
□ Arthritis	□ Gastric Reflux	□ Osteoporosis	□ Sleep Apnea
□ Asthma	□ Glaucoma	□ Pneumonia	□ Stroke
□ Atrial Fibrillation	□ Gout	□ Polio	□ Thyroid Disease
□ Bladder Infections	□ Heart Attack	□ Psoriasis	□ Tuberculosis
□ Blood Clot/DVT	□ Hemophilia	□ Pulmonary Embolus	□ Ulcer
□ Bronchitis	□ Hepatitis A B C	□ Renal Failure	
□ Cancer/type	□ High Blood Pressure	□ Rheumatic Fever	
□ Diabetes	□ Mitral Valve Prolapse	□ Rheumatoid Arthritis	

Surgical History (including spine):

1. _____ 2. _____ 3. _____

Date: _____ Date: _____ Date: _____

Medications that you are currently taking:

1. _____ 2. _____ 3. _____ 4. _____

Medication Allergies: 1. _____ 2. _____

Family History:

- Health status or cause of death of parents, siblings, children: _____
- Family history of rheumatoid or other congenital medical problems: _____

Social History:

- Marital Status: □ Single □ Married □ Divorced □ Widowed □ Other
- Use of tobacco (packs per week, number of years) _____
- Use of alcohol (daily use, social, special occasion) _____
- Describe your level of activity (low, moderate, extreme, elite) _____