



**CARDIOVASCULAR**

**DIGESTIVE**

- |                          |                          |                               |                          |                          |                         |
|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | aneurysm                      | <input type="checkbox"/> | <input type="checkbox"/> | constipation            |
| <input type="checkbox"/> | <input type="checkbox"/> | angina                        | <input type="checkbox"/> | <input type="checkbox"/> | hernia                  |
| <input type="checkbox"/> | <input type="checkbox"/> | heart surgery/CABG            | <input type="checkbox"/> | <input type="checkbox"/> | indigestion/heart burn  |
| <input type="checkbox"/> | <input type="checkbox"/> | heart valve surgery           | <input type="checkbox"/> | <input type="checkbox"/> | loose bowels            |
| <input type="checkbox"/> | <input type="checkbox"/> | high blood pressure           | <input type="checkbox"/> | <input type="checkbox"/> | nausea                  |
| <input type="checkbox"/> | <input type="checkbox"/> | low blood pressure            | <input type="checkbox"/> | <input type="checkbox"/> | severe abdominal pain/s |
| <input type="checkbox"/> | <input type="checkbox"/> | pacemaker                     | <input type="checkbox"/> | <input type="checkbox"/> | ulcers                  |
| <input type="checkbox"/> | <input type="checkbox"/> | phlebitis/blood clots         | <input type="checkbox"/> | <input type="checkbox"/> | Other: _____            |
| <input type="checkbox"/> | <input type="checkbox"/> | varicose veins                |                          |                          |                         |
| <input type="checkbox"/> | <input type="checkbox"/> | other disease/disorder: _____ |                          |                          |                         |

**NEUROMUSCULOSKELETAL**

**SPECIFIC DISORDERS**

- |                          |                          |   |                          |                          |                                   |
|--------------------------|--------------------------|---|--------------------------|--------------------------|-----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | arthritis                                   | <input type="checkbox"/> | <input type="checkbox"/> | cancer                            |
| <input type="checkbox"/> | <input type="checkbox"/> | back pain                                   | <input type="checkbox"/> | <input type="checkbox"/> | cerebral palsy                    |
| <input type="checkbox"/> | <input type="checkbox"/> | bursitis                                    | <input type="checkbox"/> | <input type="checkbox"/> | HIV/AIDS                          |
| <input type="checkbox"/> | <input type="checkbox"/> | disc problems                               | <input type="checkbox"/> | <input type="checkbox"/> | kidney disease                    |
| <input type="checkbox"/> | <input type="checkbox"/> | fractures                                   | <input type="checkbox"/> | <input type="checkbox"/> | multiple sclerosis                |
| <input type="checkbox"/> | <input type="checkbox"/> | joint injuries                              | <input type="checkbox"/> | <input type="checkbox"/> | emotional/mental health problem/s |
| <input type="checkbox"/> | <input type="checkbox"/> | muscle cramping                             | <input type="checkbox"/> | <input type="checkbox"/> | Parkinson's disease               |
| <input type="checkbox"/> | <input type="checkbox"/> | osteoporosis                                | <input type="checkbox"/> | <input type="checkbox"/> | seizures                          |
| <input type="checkbox"/> | <input type="checkbox"/> | pinched nerve                               | <input type="checkbox"/> | <input type="checkbox"/> | stroke                            |
| <input type="checkbox"/> | <input type="checkbox"/> | sciatica                                    | <input type="checkbox"/> | <input type="checkbox"/> | Other: _____                      |
| <input type="checkbox"/> | <input type="checkbox"/> | tendonitis                                  |                          |                          |                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | areas of numbness, weakness, shooting pain: |                          |                          |                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | other disease/disorder: _____               |                          |                          |                                   |

Please describe your diet and eating habits:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you smoke? \_\_\_\_\_ If yes, how much? \_\_\_\_\_

Do you drink alcoholic beverages? \_\_\_\_\_ If yes, how much and how often? \_\_\_\_\_

Do you exercise? If so, what types and how often? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

( OPTIONAL)Do you have a spiritual orientation or affiliation? If so, please describe \_\_\_\_\_

\_\_\_\_\_

What do you do to manage stress in your life? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Additional comments to be considered: