

Family History – Has anyone in your immediate family been diagnosed with the following disease? If yes, please indicate which family member.

- Cancer Yes No _____
- Heart Disease Yes No _____
- High Blood Pressure Yes No _____
- Diabetes Yes No _____
- Clotting Disorder Yes No _____
- Dementia/Alzheimer's Yes No _____
- High Cholesterol Yes No _____
- Osteoporosis Yes No _____
- Gastrointestinal Disorder Yes No _____
- Kidney Disease Yes No _____

Do you currently smoke tobacco of any kind? Yes Never been a smoker Former smoker

If yes, How often do you smoke: Current Everyday smoker Current Someday smoker

Years smoked: _____ Packs per day: _____ Years since quitting: _____

If yes: What is your level of interest in quitting smoking? 0 1 2 3 4 5 6 7 8 9 10 N/A

Please list all Medical Doctors' names: _____

List all current medications including dosages. If no medications are currently taken then check here:

- 1) _____ 2) _____
- 3) _____ 4) _____
- 5) _____ 6) _____

List any known allergies that you have to any medications. If no allergies are known then check here:

- 1) _____ 2) _____
- 3) _____ 4) _____

What are your main health problems? Briefly list the name of your problem(s):

Has any doctor diagnosed you with Hypertension presently? Yes No If yes, what kind? _____

Has any doctor diagnosed you with Diabetes presently? Yes No If yes, what kind? Type I or II ?

If yes to Diabetes, was your blood lab-work test for hemoglobin A1c > 9.0%? Yes No Not Sure

Has any doctor diagnosed you with any type of significant health syndrome presently? Yes No Not Sure

If yes, what kind? _____

Have you had an X-ray or CT scan or MRI of your low back spine in the past 28 days? Yes No

Height: _____ inches Weight: _____ pounds Blood Pressure: _____/_____