Please print your answers.

Who in your extended family has:

Cancer _____ Low blood sugar _____
Diabetes _____ High blood pressure _____
Heart disease _____ Thyroid problems _____
Other _____

What is your blood type? _____

List any major car accidents, falls, injuries and other related accidents. Give dates and include: What part(s) of your body was involved? Did you have symptoms? Did you receive any care?

_____

_____

_____

List ALL major diseases, surgeries, and hospitalizations. Give dates, length of time, degree of recovery and final outcome. _____

_____

_____

_____

What is your weight? _____

Do you have any sexually related problems? No / Yes If so, describe: _____

Are you under emotional stress? No / Yes If so, in relationship to what? _____

_____

_____

Date of last menstrual peroid _____

How many days do you menstruate? _____

List any menstrual discomfort _____

Number of pregnancies _____ Give dates & results (miscarriage, abortion, birth) _____

_____