

PAST ACCIDENTS, FALLS, INJURES, TRAUMAS OR SURGERIES



5290 Seminole Blvd. Suite A St. Petersburg, Fl. 33708

Please List Any Past Accident, Falls, Injuries, Major Illness, Traumas Or Surgeries

Date: What Happened?

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Are You Presently Taking any Medications? YES NO

Name of Drug: Amount:

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Please check any of the following that give you difficulty:

Headaches	Stress	Flatulence / Gas	Hot Flashes
Head Feels Heavy	High Blood Pressure	Acid Reflux / Heartburn	Night Sweats
Heart Pain	Loss of Taste	Irregular Sleep	Indigestion
Menstrual Cramps	Ulcers	Wake up in Middle of Night	Shooting Head Pain
Muscle Spasms	Thyroid Trouble	Dizziness	Anemia
Tingling / Numb. of Hands	Fatigue	Heart Palpitations	Diabetes
Can't Get Back to Sleep	Sinus Pain	Menstrual Issues	Twitching of Face
Intestinal Gas	Tightness in Throat	Nervousness	Chest Pains
Low Back Pain	Grating Noise Neck	Ringing in the Ears	Liver Trouble
Mid Back Pain	Swelling	Arms / Hand Pain	Allergies
Fainting	Nervous Stomach	Irritability	Leg / Feet Pain
Loss of Balance	Tight Muscles	Cold Hands	Shortness of Breath
Heart Attacks	Arthritis	Cold / Heat Intolerance	Neck Pain
Constipation	Bloated After Eating	Hay Fever	Cold Sweats

Any Family members experiencing any of the above difficulties?

Whom? Which?

Family History of disease?

Whom? Which?

Hours of Sleep per Night? Is Your Sleep Interrupted?