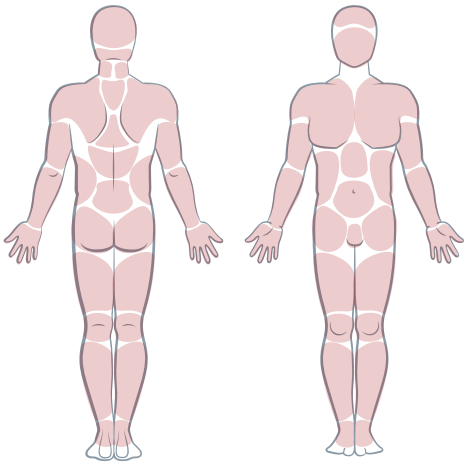
Health History - continued

- [ ] Headaches
- [ ] Dizziness / Fainting
- [ ] Nervousness
- [ ] Fatigue
- [ ] Depression
- [ ] Sleeping Problems
- [ ] Irritability
- [ ] Allergies
- [ ] Jaw Problems
- [ ] Eye Problems
- [ ] Lights Bother Eyes
- [ ] Ears Ring
- [ ] Hearing Problems
- [ ] Loss of Memory
- [ ] Loss of Smell
- [ ] Loss of Taste
- [ ] Back Pain
- [ ] Thyroid Issues
- [ ] Nausea
- [ ] Hands and Feet Cold
- [ ] Stomach Upset
- [ ] Constipation / Diarrhea
- [ ] Loss of Balance
- [ ] Fever
- [ ] Neck Pain / Tension
- [ ] Numbness in Extremities
- [ ] Shortness of Breath
- [ ] Night Sweats
- [ ] High / Low Blood Pressure
- [ ] Chest Pain
- [ ] Sudden Weight Loss / Gain
- [ ] Other

Please indicate on the following diagram where your pain is:



Please rate your pain on the following scale

0 1 2 3 4 5 6 7 8 9 10

Comments

Back

Next