

ORTHOPEDIC PROBLEMS:

Please check any problems that apply to you now or in the past

*If you check a box please provide more information

- Arthritic Condition (diagnosed)
- Back Pain
- Bone Infection
- Bone Spurs
- Brittle or Soft Bones (Osteoporosis)
- Bursitis
- Curvature or Spine Abnormality
- Dislocated Joint
- Fractures (list date and type) _____

- Gout
- Joint Pain / Joint Swelling
- Loose Body in Joint
- Neck Pain
- Rheumatism
- Ruptured Disc
- Sciatica
- Tendinitis
- Torn Cartilage or Ligaments
- Torn Muscles or Tendons
- Other Serious Injuries (List) _____

OTHER MEDICAL PROBLEMS:

Please check any problems that apply to you now or in the past

*If you check a box please provide more information

- Anemia
- Asthma
- Bladder
- Blood or Bleeding Disorder, what type? _____
- Cancer or Tumor, what type? _____
- Cardiac Disease (coronary)
- Colitis
- Diabetes
- Dizziness
- Drug Addiction or Alcohol Abuse
- DVT or Phlebitis
- Epilepsy
- Esophageal Reflux
- Eye Disease
- Fainting Spells
- Frequent or Constant Numbness or Tingling of Body Parts, where? _____
- Gall Bladder Disease
- Genital or Gynecological Conditions
- Heart Murmur
- Hernia
- High Blood Pressure
- Kidney Disease
- Liver Disease
- Mental Disorder, what type? _____
- Migraine Headaches
- Neurological Disease, what type? _____
- Pancreatitis
- Paralysis of Limbs
- Pneumonia
- Poliomyelitis
- Respiratory Illness
- Rheumatic Fever
- Seizures
- Skin Disease/Disorder, what type? _____
- Thyroid Disorder
- Tropical Disease
- Tuberculosis
- Ulcer Disease
- Other Problems not listed. Specify: _____
