

KAISER

ACUPUNCTURE  MASSAGE THERAPY

Check mark conditions you have currently (c) or in the past (p):

- | | | |
|---|---|--|
| <input type="checkbox"/> Diabetes (Type I, Type II) | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Indigestion/Heartburn | <input type="checkbox"/> Glaucoma |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Tinnitus (Ringing in Ears) | <input type="checkbox"/> Bleeding Disorder |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> High fever/Night sweats | <input type="checkbox"/> Thyroid Disorder |
| <input type="checkbox"/> CVA (stroke) | <input type="checkbox"/> Emphysema/Lung Conditions | <input type="checkbox"/> Nervous Disorder |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Measles/Mumps | <input type="checkbox"/> Blood Clot/Veins |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Meningitis | <input type="checkbox"/> Paralysis |
| <input type="checkbox"/> Migraines | <input type="checkbox"/> STD (Type: _____) | |
| <input type="checkbox"/> Non-Migraine Headaches | <input type="checkbox"/> Cancer (Type: _____) | |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Liver Disease (Type: _____) | |
| <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Kidney Disease (Type: _____) | |
| <input type="checkbox"/> Lyme Disease | <input type="checkbox"/> Other (Explain: _____) | |

Women ONLY:

Do you experience any of the following pre-menstrual syndromes?

- | | |
|---|---|
| <input type="checkbox"/> Nausea | <input type="checkbox"/> Headaches/Migraines |
| <input type="checkbox"/> Food Cravings | <input type="checkbox"/> Irritability |
| <input type="checkbox"/> Depression/Anxiety | <input type="checkbox"/> Water retention |
| <input type="checkbox"/> Dull pain (Where? _____) | <input type="checkbox"/> Sharp Pain (Where? _____) |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Breast Swelling/Tenderness |

(Please initial and date the bottom right hand corner of each page)