MEDICAL HISTORY

Please check any of the illnesses that you have had or do have now:

___Abscesses
___Acne
___AIDS
___Alcohol Addiction
___Allergies
___Alopecia
___Anemia
___Anorexia
___Appendicitis
___Arthritis
___Asthma
___Attempted Suicide
___Atherosclerosis
___Back Problems
___Benign Breast Tumor
___Bleeding Gums
___Bronchitis
___Bulimia
___Cancer
___Candida Albicans
___Cataracts
___Chest Pains
___Chicken Pox
___Cirrhosis
___Crohn's Disease
___Depression
___Diabetes
___Diphtheria
___Diverticulosis
___Drug Addiction
___Ear Infections
___Eczema
___Emphysema
___Endometriosis
___Epilepsy
___Excessive Fatigue
___Eye Disease
___Fainting or Dizzy Spells
___Fractures
___Gallstones
___Gastritis
___Gingivitis
___Glaucoma
___Goiter
___Gonorrhea
___Hay Fever
___Hearing Problems
___Hemorrhoids
___Hepatitis
___Hernia
___Herniated Disc
___Herpes
___High Blood Pressure
___Hives
___Insomnia
___Jaundice
___Kidney Stones
___Liver Disease
___Low Blood Pressure
___Lupus
___Major Surgery
___Malaria
___Measles
___Migraine Headaches
___Mononucleosis
___Multiple Sclerosis
___Mumps
___Myopia
___Nervous Breakdown
___Nervousness
___Neuralgia
___Night Blindness
___Numbness
___Osteoporosis
___Pancreatitis
___Persistent Cough
___Pneumonia
___Polio
___Psoriasis
___Rheumatic Fever
___Rheumatoid Arthritis
___Scarlet Fever
___Sciatica
___Skin Ulcers
___Skipped Heartbeats
___Stroke
___Syphilis
___Thyroid Disease
___Tonsillitis
___Tuberculosis
___Tumors, Growths
___Typhoid Fever
___Ulcerative Colitis
___Ulcers
___Vaginal Infections
___Vision Problems
Other ___________________
Other ___________________
Other ___________________