

MEDICAL HISTORY

Have you ever experienced any of the following? (Please check all that apply.)

Movement/Neuro-Degenerative

- Parkinson's Disease
- Huntington's Disease
- Dystonia
- Restless Leg Syndrome
- Other: _____

Ophthalmological

- Blurred/double vision
- Eye Disease/injury
- Glaucoma
- Cataracts
- Other: _____

Gait/Balance/Falls

- Gait: decline, pain, or limp
- Falls
- Dizziness
- Vertigo/Vestibular Disorder
- Other: _____

Cardiac

- Pacemaker
- Atrial Fibrillation
- Arrhythmia
- CHF
- Other: _____

Vascular

- High Blood Pressure
- Peripheral Vascular Disease
- Blood Clot, DVT, Embolism
- Stents: LE, Carotid
- Other: _____

Behavioral/Mental Health

- Depression
- Schizophrenia
- Bipolar Disorder
- Anxiety (OCD, PTSD, GAD)
- Other: _____

Musculoskeletal

- Muscle spasm/cramps
- Muscle wasting
- Joint pain/swelling
- Osteoporosis
- Other: _____

Neurological

- Stroke/TIA
- Seizures/Epilepsy
- Numbness/Tingling
- Head injury
- Other: _____

Pain

- Headaches
- Muscle Pain
- Sciatica
- Fibromyalgia
- Other: _____

Pulmonary

- COPD or Emphysema
- Asthma
- Interstitial, Sarcoidosis
- Pulmonary Embolism
- Other: _____

Diabetes/Endocrine

- Pre-Diabetes ("borderline")
- Diabetes
- Diabetic Neuropathy
- Diabetic Ulcers
- Other: _____

Integumentary/Skin & Wounds

- Eczema
- Burns
- Bed Sores
- Calluses
- Other: _____

Sleep/Circadian System

- Sleep Apnea
- Insomnia
- Restless Leg Syndrome
- Parasomnias
- Other: _____

Immune

- Chron's Disease
- Lupus (SLE)
- Rheumatoid Arthritis
- Osteoarthritis
- Other: _____

Cancer

- Breast Cancer
- Melanoma
- Pancreatic
- Prostate
- Other: _____

Gastrointestinal

- GERDS
- Abdominal pain
- Gastric by-pass
- Kidney stones
- Other: _____

Allergies: _____ _____ _____
Fractured/Broken Bones: _____ _____
Bone/Joint Replacements: _____ _____
Surgeries: _____ _____ _____