	Condition	Date	...
☐	Blood/Immune System:		
☐	High cholesterol/triglycerides		
☐	High glucose		
☐	Hypothyroidism		
☐	Diabetes		
☐	Allergies		
☐	Sinus Infections		
☐	Ear Infections		
☐	Digestive System:		
☐	Acid Reflux/GERD		
☐	Peptic ulcer (gastric/duodenal)		
☐	Constipation		
☐	Irritable bowl syndrome		
☐	Nausea		
☐	Vomiting		
☐	Vasculature:		
☐	Varicose veins		
☐	Blood clots		
☐	Stroke/TIA		
☐	Peripheral Artery Disease (PAD)		
☐	Hardening of the arteries		

	Condition	Date	...
☐	Lungs:		
☐	Pneumonia		
☐	Asthma		
☐	Bronchitis		
☐	COPD		
☐	Emphysema		
☐	Other Conditions:		
☐	Chest pressure/tightness with exertion		
☐	Chest pressure/tightness with rest		
☐	Generalized weakness		
☐	Cancer		
☐	Night Sweats		
☐	Trouble breathing		
☐	Feeling faint or passing out		
☐	Pain in legs while walking		
☐	Recent Weight loss: # pounds lost		
☐	Recent weight gain: # pounds gained		
☐	Swollen feet or ankles		

Any problems not listed above?: ○ Yes ○ No

Describe:

IV. HEALTH MAINTENANCE

Do you have a primary care physician? ○ YES ○ NO

Name of PCP:

For Males

a. Date of last physical exam:

For Females

a. Date of last physical exam: