Tuesday, May 15, 2012 10:39:49 AM

k. Are there any Hobbies you do or would like to do that are effected by your condition? ○ YES ○ NO

How Much? ○ Mildly ○ Moderately ○ Significantly ○ Can't Do

l. Are there any necessary daily activities that are effected by your condition? ○ YES ○ NO

How Much? ○ Mildly ○ Moderately ○ Significantly ○ Can't Do

Past or Present Medical Conditions

	Condition	Date	...
☐	Musculoskeletal:		
☐	Neck Pain		
☐	Mid back pain		
☐	Low back pain		
☐	Head Aches		
☐	Numbness/Tingling		
☐	Foot/Ankle Pain		
☐	Hip Pain		
☐	Knee Pain		
☐	Elbow Pain		
☐	Carpal Tunnel		
☐	Dizziness		
☐	Arthritis		
☐	Rheumatoid Arthritis		
☐	Sciatica		
☐	Herniated/Degenerated Disc Condition		
☐	Fibromyalgia		
☐	Ear Aches		
☐	Abnormal X-Ray or MRI findings		
☐	Shoulder Pain		
☐	Wrist Pain		

	Condition	Date	...
☐	Heart:		
☐	High blood pressure		
☐	Heart Attack		
☐	Angina		
☐	Congestive heart failure		
☐	Nervous system:		
☐	Neuralgia		
☐	Migraines		
☐	Cluster Headaches		
☐	Pinched nerves		
☐	Depression		
☐	Panic Attacks/Anxiety		
☐	Organ System:		
☐	Kidney Stones		
☐	Gallstones		
☐	Hepatitis		
☐	Bladder infections		
☐	Enlarged Prostate		