

Past Medical History

Have you ever been treated for any of the following medical problems?

_____ Anemia

_____ Angina

_____ Alzheimers/dementia

_____ Asthma/emphysema/COPD

_____ Atrial fibrillation

_____ Bleeding conditions

_____ Blood clots/DVT/pulmonary embolus

_____ Cancer (Please list)

_____ Cataracts

_____ Congestive Heart Failure

_____ Depression

_____ Diabetes

_____ Gastric reflux

_____ Gastrointestinal bleeding

_____ Glaucoma

_____ Heart Attack

_____ Hepatitis

_____ High blood pressure

_____ High Cholesterol

_____ HIV/AIDS

_____ Migraine

_____ Osteoporosis

_____ Osteopenia

_____ Parkinson's

_____ Seizure disorder

_____ Sleep Apnea

_____ Thyroid disease

_____ Tuberculosis

_____ Urinary Infections

Others (please list) _____
