## **Patient History**

To ensure you receive a complete & thorough evaluation, please provide us with important background information by answering the following questions

Condition Dizzine Rheum Arthritis Osteon High B Hypoth Change Change Does pother:  You ever he Heart Ehlers-Cance Any proper Family Surger  1. The reach Please 2. What is 3. When a 4. Have you for the Have you	Condition   Yes   No   Condition   Yes   No   Condition   Yes   No   Condition   Yes   No   Dizziness   Diabetes   Scoliosis   Reumatoid Arthritis   Open Wounds   Fatigue   Arthritis   Open Wounds   Headaches   Osteoporosis   Anxiety   Nausea / vomitting   High Blood Pressure   Fever/chills/sweats   Asthma   Hypothyroidism   Visual Changes   Pacemaker   Change in weight in past month for no reason?   Latex allergy   Change in weight in past month for no reason?   Latex allergy   Change in weight in past month for no reason?   Latex allergy   Other:    Does pain wake you up when you sleep?   Surgical Implant?   Other:   Dever have any of the following?	o <u>conting</u> have any or	the fo	أبعدمالد	na7						
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