

Have you ever had any of the following:

Fainting spells/loss of consciousness	Y	N	Frequent or severe back or neck pain	Y	N
Seizures or Convulsions	Y	N	Excessive bleeding	Y	N
Chest tightness or pain	Y	N	Hernia	Y	N
Heart palpitations or irregularity	Y	N	Mononucleosis	Y	N
Shortness of breath or wheezing	Y	N	Anemia (low blood count)	Y	N
Heart murmur or heart problems	Y	N	Diabetes (high blood sugar)	Y	N
High blood pressure	Y	N	High cholesterol	Y	N
Eating disorder	Y	N	Frequent diarrhea	Y	N
Panic or anxiety attacks	Y	N	Irregular periods	Y	N
Depression	Y	N	Asthma	Y	N
Frequent or severe headaches	Y	N	Dizzy spells	Y	N
Detached retina	Y	N	Absence of kidney or testicle	Y	N
Concussions	Y	N			

When was your last Tetanus shot? _____

WOMEN: First Day of Last Period: _____

FAMILY HISTORY:

Do any of your blood relatives have the following:

Heart Disease	Y	N	Alcoholism	Y	N
High Blood Pressure	Y	N	Stroke	Y	N
Seizures	Y	N	Mental Illness or Nervous Disorder	Y	N
Bleeding Disorder	Y	N	Drug Abuse	Y	N
Asthma	Y	N			