

**BRIEF HISTORY**

Name: \_\_\_\_\_

Please circle any of the following conditions that you have had or have presently:

- |                         |   |
|-------------------------|---|
| a) Diabetes             | o) Asthma                               |
| b) Anemia               | p) Epilepsy                             |
| c) Kidney disease       | q) Osteoporosis                         |
| d) Cancer               | r) a Muscle disease                     |
| e) High blood pressure  | s) a nerve disease                      |
| f) Rheumatoid Arthritis | t) allergy to Penecillin                |
| g) Other Arthritis      | u) allergy to Novacaine                 |
| h) Poor Circulation     | v) allergy to othe meds:<br>_____       |
| i) Heart Disease        |   |
| j) Stomach Ulcers       | w) Liver disease                        |
| k) Colitis              | x) Hepatitis                            |
| l) Nervous Breakdown    | y) a present infectious disease         |
| m) Polio                | z) some disease not mentioned:<br>_____ |
| n) Rheumatic fever      |   |

Please list any medicaitons and the amounts that you are presently taking:

- a)
- b)
- c)
- d)
- e)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_