

PATIENTS: Please fill out only in this area

If any of the following are relevant to your health history, please circle **Y**. If yes, please circle **now** if it is a current or recent problem or **ever** if it is a past problem and not currently bothering you.

			For office use only			
Y/N	HEADACHES	DOLOR DE CABEZA (now, ever)	Onset_____	Freq._____	Dur._____	Int._____
Y/N	DIZZINESS	MAREOS (now, ever)	Onset_____	Freq._____	Dur._____	Int._____
Y/N	FATIGUE	CANSANCIO (now, ever)	Onset_____	Freq._____	Dur._____	Int._____
Y/N	WEIGHT LOSS	PÉRDIDA del PESO (now, ever)	Onset_____	Freq._____	Dur._____	Int._____
Y/N	NIGHT PAIN	DOLOR en la NOCHE (now, ever)	Onset_____	Freq._____	Dur._____	Int._____
Y/N	FAINTING	DESMAYO (now, ever)	Onset_____	Freq._____	Dur._____	Int._____
Y/N	VISION	LAVISTA (now, ever)	Onset_____	Freq._____	Dur._____	Int._____
Y/N	ALLERGIES	ALERGIAS (now, ever)	Onset_____	Freq._____	Dur._____	Int._____
Y/N	SINUS	SINUSITIS (now, ever)	Onset_____	Freq._____	Dur._____	Int._____
Y/N	HEART	CORAZON (now, ever)	Onset_____	Freq._____	Dur._____	Int._____
Y/N	CHEST PAIN	DOLOR del PECHO (now, ever)	Onset_____	Freq._____	Dur._____	Int._____
Y/N	PALPITATIONS	PALPITACIONES (now, ever)	Onset_____	Freq._____	Dur._____	Int._____
Y/N	BLOOD PRESSURE	PRESION de la SANGRE (now, ever)	Onset_____	Freq._____	Dur._____	Int._____
Y/N	DIABETES	DIABETES (now, ever)	Onset_____	Freq._____	Dur._____	Int._____
Y/N	LUNGS	LOS PULMONES (now, ever)	Onset_____	Freq._____	Dur._____	Int._____
Y/N	STOMACH	EL ESTOMAGO (now, ever)	Onset_____	Freq._____	Dur._____	Int._____
Y/N	KIDNEY	LOS RIÑONES (now, ever)	Onset_____	Freq._____	Dur._____	Int._____
Y/N	LIVER	EL HIGADO (now, ever)	Onset_____	Freq._____	Dur._____	Int._____
Y/N	MENSTRUAL	MENSTRUAL (now, ever)	Onset_____	Freq._____	Dur._____	Int._____
Y/N	URINARY	ORINAR (now, ever)	Onset_____	Freq._____	Dur._____	Int._____
Y/N	CONSTIPATION	ESTREÑIMIENTO (now, ever)	Onset_____	Freq._____	Dur._____	Int._____
Y/N	DIARRHEA	DIARREA (now, ever)	Onset_____	Freq._____	Dur._____	Int._____
Y/N	LEG PAIN	DOLOR de PIERNA (now, ever)	Onset_____	Freq._____	Dur._____	Int._____
Y/N	ARM PAIN	DOLOR del BRAZO (now, ever)	Onset_____	Freq._____	Dur._____	Int._____
Y/N	NUMBNESS	ENTUMECIMIENTO (now, ever)	Onset_____	Freq._____	Dur._____	Int._____
Y/N	NECK PAIN	DOLOR del CUELLO (now, ever)	Onset_____	Freq._____	Dur._____	Int._____
Y/N	MID-BACK PAIN/DOLOR EN EL MEDIO de la ESPALDA	(now, ever)	Onset_____	Freq._____	Dur._____	Int._____
Y/N	LOW BACK PAIN DOLOR en la PARTE BAJADE la ESPALDA	(now, ever)	Onset_____	Freq._____	Dur._____	Int._____
Y/N	SHOULDER PAIN	DOLOR de CINTURA (now, ever)	Onset_____	Freq._____	Dur._____	Int._____
Y/N	HIP PAIN	DOLOR DE LA CADERA (now, ever)	Onset_____	Freq._____	Dur._____	Int._____
Y/N	SURGERY	CIRUGIAS	_____			
Y/N	FRACTURES	FRACTURAS	_____			
Y/N	CAR ACCIDENT	ACCIDENTE de AUTOMOVIL	_____			
Y/N	WORK INJURY	ACCIDENTE de LA TRABAJO	_____			
Y/N	OTHER HISTORY		_____			