



Conditions

Please check all that apply:

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|--|---|---|---|
| <input type="checkbox"/> Abnormal/excessive bleeding | <input type="checkbox"/> AIDS or HIV infection | <input type="checkbox"/> Alzheimer's/dementia | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Angina | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Arteriosclerosis | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Autoimmune disease | <input type="checkbox"/> Back problems | <input type="checkbox"/> Blood disease |
| <input type="checkbox"/> Blood transfusion | <input type="checkbox"/> Breathing problems/
respiratory disease | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Cancer/radiation
chemotherapy |
| <input type="checkbox"/> Cardiovascular disease | <input type="checkbox"/> Chest pain upon exertion | <input type="checkbox"/> Chronic pain | <input type="checkbox"/> Congestive heart failure |
| <input type="checkbox"/> Damaged heart valve | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Emphysema |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Fainting spells or seizures | <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> Gastrointestinal disease |
| <input type="checkbox"/> G.E. Reflux/persistent
heartburn | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Gout | <input type="checkbox"/> Hearing difficulties |
| <input type="checkbox"/> Heart attack | <input type="checkbox"/> Heart murmur | <input type="checkbox"/> Heart rhythm disorder | <input type="checkbox"/> Hemophilia |
| <input type="checkbox"/> Hepatitis, jaundice or liver
disease | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Kidney problems | <input type="checkbox"/> Low blood pressure |
| <input type="checkbox"/> Low pain tolerance | <input type="checkbox"/> Malnutrition | <input type="checkbox"/> Mitral valve prolapse | <input type="checkbox"/> Neurological disorders |
| <input type="checkbox"/> Night sweats | <input type="checkbox"/> Osteoporosis/Paget's disease | <input type="checkbox"/> Other congenital heart defects | <input type="checkbox"/> Pacemaker |
| <input type="checkbox"/> Persistent swollen glands in
neck | <input type="checkbox"/> Psychiatric care | <input type="checkbox"/> Recurrent infections | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Rheumatic heart disease | <input type="checkbox"/> Rheumatoid arthritis | <input type="checkbox"/> Severe headaches/migraines | <input type="checkbox"/> Severe or rapid weight
loss |
| <input type="checkbox"/> Sexually transmitted infection
(STI) | <input type="checkbox"/> Sinus trouble | <input type="checkbox"/> Stroke | <input type="checkbox"/> Systemic lupus
erythematosus |
| <input type="checkbox"/> Thyroid problems | <input type="checkbox"/> TMJ Disorder | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Tumors or growths |
| <input type="checkbox"/> Ulcers | <input type="checkbox"/> Other | | |

If other, please explain: