

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

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

### MEDICAL SHEET INFORMATION

	Medication/MG	Prescription Date	Doctor	Reason
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____

### MEDICAL CONDITIONS (Circle what applies to you)

Cardiovascular

- Heart disease
- Irregular heartbeat
- Chest pain
- Shortness of breath

Family History

- Heart Problems
- Depression

Psychiatric

- Memory Loss
- Nervousness
- Depression
- Insomnia
- Nervous breakdowns

- Parents divorced before age 15
- Unusual childhood health problems
- Depression history in family

Musculoskeletal

- Muscle pain
- Back pain
- Joint Pain
- Weakness in muscles
- Difficulty in walking

Neurological

- Stroke
- Head injury
- Reoccurring headaches
- Dizziness
- Numbness
- Nightmares
- Rapid heart beat
- Paranoia
- Anger
- Alcohol use