

HEALTH ANALYSIS

Date _____

Patient _____ Address _____

Marital Status: Single Married Widowed Separated Divorced

Education: High School Some College College Grad Post Grad Studies Full Time Part Time

Age _____ Occupation _____ Recreational Activities _____

Please Circle the Appropriate Answer.

1. Do you need glasses to read?Yes No
2. Do you need glasses to see things at a distance?Yes No
3. Has your eyesight often blacked out completely?Yes No
4. Do your eyes continually blink or water?Yes No
5. Do you often have bad pains in your eyes?Yes No
6. Are your eyes often red or inflamed?Yes No
7. Are you hard of hearing?Yes No
8. Have you ever had a fluid leaking from your ear?Yes No
9. Do you have constant noises in your ears?.....Yes No
10. Do you have to clear your throat constantly?Yes No
11. Do you often feel a choking lump in your throat?Yes No
12. Are you often troubled with bad spells of sneezing?Yes No
13. Is your nose continually stuffed up?Yes No
14. Do you suffer from a constantly running nose?Yes No
15. Have you at times had bad nose bleeds?Yes No
16. Do you often catch severe colds?Yes No
17. Do you frequently suffer from heavy chest colds?Yes No
18. When you catch a cold, do you always have to go to bed?Yes No
19. Do frequent colds keep you miserable all winter?Yes No
20. Do you get hay fever?Yes No
21. Do you suffer from asthma?Yes No
22. Are you troubled by constant coughing?Yes No
23. Have you ever coughed up blood?Yes No
24. Do you wake up drenched with sweat during the middle of the night?Yes No
25. Have you ever had a chronic chest condition?Yes No
26. Have you ever had T.B. (tuberculosis)?Yes No
27. Did you ever live with anyone who had T.B.?.....Yes No
28. Has a doctor ever said your blood pressure was too high?Yes No
29. Has a doctor ever said your blood pressure was too low?Yes No
30. Do you have pains in the heart or chest?Yes No
31. Are you often bothered by thumping of the heart?Yes No
32. Does your heart often race like mad?Yes No
33. Do you often have difficulty in breathing?Yes No
34. Do you get out of breath before anyone else?Yes No
35. Do you sometimes get out of breath just sitting still?Yes No
36. Are your ankles often badly swollen?Yes No
37. Do cold hands or feet trouble you, even in hot weather?Yes No
38. Do you suffer from frequent cramps in your legs?Yes No
39. Has a doctor ever said you had heart trouble?Yes No
40. Does heart trouble run in your family?.....Yes No
41. Have you lost more than half your teeth?Yes No
42. Are you troubled by bleeding gums?Yes No