Fishkin Center for Back and Body Wellness, LLC
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Patient Name:____ Date: ___________________________________

Check any condition you, your parents or siblings now have or had in the past:

- ☐ AIDS
- ☐ Anemia or Leukemia
- ☐ Arthritis
- ☐ Cancer
- ☐ Colitis or Enteritis
- ☐ Diabetes
- ☐ Gynecological Disorders
- ☐ Heart Disease
- ☐ High Blood Pressure
- ☐ Kidney Disease
- ☐ Multiple Sclerosis
- ☐ Muscular Dystrophy
- ☐ Parkinson Disease
- ☐ Polio
- ☐ Prostate Disorder
- ☐ Rheumatic Fever
- ☐ Scarlet Fever
- ☐ Stroke
- ☐ Tuberculosis
- ☐ Thyroid Problem
- ☐ Venereal Disease
- ☐ Other _________________
- ☐ Other _________________

Check any of the following that you have had frequently, or check any that have been getting worse in the past 6 months:

- ☐ Buttock Pain
- ☐ Calf Pain
- ☐ Foot Pain
- ☐ Groin Pain
- ☐ Leg Pain
- ☐ Low Back Pain
- ☐ Mid Back Pain
- ☐ Neck Pain
- ☐ Thigh Pain
- ☐ Hip Pain
- ☐ Arm Pain
- ☐ Elbow Pain
- ☐ Hand Pain
- ☐ Knee Pain
- ☐ Shoulder Pain
- ☐ Wrist Pain
- ☐ Thumb Pain
- ☐ Burning
- ☐ Dizziness
- ☐ Fatigue
- ☐ Fever/Chills
- ☐ Skull Pain
- ☐ Headaches
- ☐ Night Sweats
- ☐ Numbness
- ☐ Sinus Pain/Pressure
- ☐ Swelling
- ☐ Tingling
- ☐ Aching
- ☐ General Weakness/Fatigue
- ☐ Weakness in Arms/Legs
- ☐ Weight Loss
- ☐ Difficulty Swallowing
- ☐ Earache
- ☐ Hearing Problem
- ☐ Rib Pain
- ☐ Chest Pain
- ☐ Cold Hands or Feet
- ☐ Coughing Blood
- ☐ Cough/Wheeze
- ☐ Difficulty Breathing
- ☐ Pain While Breathing In
- ☐ Indigestion/ Gas
- ☐ Irregular Heart Beat
- ☐ Nausea/Vomiting
- ☐ Pale/Bluish Skin
- ☐ Yellowish Skin
- ☐ Blood in Stool
- ☐ Constipation
- ☐ Diarrhea
- ☐ Itching
- ☐ Stomach Pain
- ☐ Blood in Urine
- ☐ Changes in Bowel Function
- ☐ Difficult Urination Increased
- ☐ Urination Painful Urination
- ☐ Unable to Stop Urine Delayed
- ☐ Period
- ☐ Genital Discharge
- ☐ Premenstrual Blood
- ☐ Premenstrual Pain
- ☐ Testes Swelling/Pain Cold
- ☐ Intolerance
- ☐ Heat Intolerance
- ☐ Hot Flashes
- ☐ Increased Thirst
- ☐ Skin/Hair/Nail Problems
- ☐ Anxiety/Depression Bleeding/
- ☐ Bruising Hoarseness
- ☐ Shaking/Trembling
- ☐ Sore Throat
- ☐ Other ___________________
- ☐ Other ___________________
- ☐ Other ___________________