

**PAST & PRESENT MEDICAL HISTORY**

BLOOD PRESSURE      HIGH\_\_\_ LOW\_\_\_

HEART PROBLEM      YES\_\_\_ NO\_\_\_

DIABETES      YES\_\_\_ NO\_\_\_

FATIGUE      YES\_\_\_ NO\_\_\_

ANXIETY      YES\_\_\_ NO\_\_\_

ARTHRITIS      YES\_\_\_ NO\_\_\_

BURSITIS      YES\_\_\_ NO\_\_\_

TENDONITIS      YES\_\_\_ NO\_\_\_

MUSCLE TENSION      YES\_\_\_ NO\_\_\_

KNEE PROBLEMS      YES\_\_\_ NO\_\_\_

SHOULDER PROBLEMS      YES\_\_\_ NO\_\_\_

NECK PROBLEM      YES\_\_\_ NO\_\_\_

BACK PROBLEM      YES\_\_\_ NO\_\_\_

if yes, please explain:

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OTHER TENDON/JOINT PROBLEMS      YES\_\_\_ NO\_\_\_

if yes, please explain:

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