HEALTH INVENTORY

Name: _____ Date: _____

1. **Health Problems:** Have you ever had one of the following health problems?

☐ Tension Headache	☐ Heart Disorder or Heart Attack	☐ Epilepsy
☐ Migraine Headaches	☐ Lung or Respiratory Disorder	☐ Cancer
☐ TMJ Disorder	☐ Liver Disease or Hepatitis	☐ Insomnia
☐ Chronic Back Pain	☐ Kidney Disorder or Kidney Stones	☐ Asthma
☐ Chest Pain or Angina	☐ Urinary or Bladder Disorder	☐ Allergies
☐ Abdominal Pain	☐ Skin Disorder, Eczema, or Hives	☐ Peptic Ulcer
☐ Pelvic or Genital Pain	☐ High Blood Pressure	☐ Colitis
☐ Arthritis	☐ Low Blood Pressure	☐ Diabetes
☐ Bone Fracture	☐ Sexually Transmitted Disease	☐ Hypoglycemia
☐ Concussion	☐ Pre-Menstrual Syndrome	☐ Deafness
☐ Thyroid Disorder	☐ Prostate or Vaginal Disorder	☐ Tinnitus

2. **Other Illnesses:** What other serious illnesses have you had?_____

_____

3. **Conditions:** Have you frequently experiences any of the following symptoms?

☐ Cold Hands or Feet	☐ Excessive Sweating	☐ Colds or Flu
☐ Swollen Ankles or Feet	☐ Difficulty Sleeping	☐ Sore Throats
☐ Stiff, Aching Joints	☐ Overeating or Binge Eating	☐ Dizziness
☐ Neck or Shoulder Tension	☐ Undereating or Poor Appetite	☐ Diarrhea
☐ Grinding Your Teeth	☐ Job Dissatisfaction	☐ Constipation
☐ Ringing in Ears	☐ Sex Life Not Satisfying	☐ Nausea, Vomiting
☐ Rapid Heartbeat	☐ Lack of Fun or Affection	☐ Hyperventilation

When was your last physical examination? _____

4. **Accidents:** Have you ever been injured in any of the following accidents?

☐ Auto Accident ☐ Work Accident ☐ Accident at Home ☐ Other

5. **Items:** Do you have any of the following items more than twice a day?

☐ Ice Cream	☐ Glass of Beer or Wine	☐ Can of Soda Pop	☐ Cigarette
☐ Cup of Coffee	☐ Liquor or Cocktail	☐ Recreational Drug	☐ Chocolate

6. **Medications:** Have you ever taken any of the following medications on a regular basis?

☐ Aspirin or Tylenol	☐ Sleeping Pill	☐ Antidepressant	☐ Lithium
☐ Pain Relieving Drug	☐ Tranquilizer	☐ Blood Pressure Medication	

7. **Therapists:** Have you seen any of these therapists for your present health problems?

☐ Medical Doctor	☐ Psychiatrist	☐ Massage Therapist	☐ Dentist
☐ Psychologist	☐ Acupuncturist	☐ Chiropractor	☐ Nutritionist
☐ Marriage Counselor	☐ Physical Therapist	☐ Priest, Minister, Rabbi	☐ Healer