



# WHIRLING THUNDER WELLNESS CENTER

## MEDICAL HISTORY FORM

**Please check any that apply:**

	Heart disease / Murmur / Angina
	Shortness of breathe
	Eye disorder / Glaucoma
	Diabetes
	High cholesterol
	Asthma
	Seizures
	Kidney / Bladder problems
	High blood pressure
	Lung problems / cough
	Stroke
	Liver problems / Hepatitis
	Low blood pressure
	Sinus problems
	Headaches / Migraines
	Arthritis
	Heartburn (reflux)
	Seasonal allergies
	Neurological problems
	Cancer
	Anemia or blood problems
	Tonsillitis
	Depression / Anxiety
	Ulcers/colitis
	Swollen ankles
	Ear problems
	Psychiatric care
	Thyroid problems

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

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