(Please fill out completely) HAVE YOU EVER HAD:  1. Heart Disease or Heart Attack 2. Lung Disease	tions Herbal teas?		NO 
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<ol> <li>Heart Disease or Heart Attack</li> <li>Lung Disease</li> <li>Stomach or Bowel Problems</li> <li>Circulation Problems</li> <li>Diabetes</li> <li>Cancer</li> <li>Thyroid Problems</li> <li>High Blood Pressure</li> <li>HIV</li> <li>Are you taking any Herbal medicated.</li> <li>Are you taking any Bone medicated.</li> </ol>	tions Herbal teas?		
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<ul> <li>6. Cancer</li> <li>7. Thyroid Problems</li> <li>8. High Blood Pressure</li> <li>9. HIV</li> <li>10. Are you taking any Herbal medicated.</li> <li>11. Are you taking any Bone medicated.</li> <li>IF YES, PLEASE</li> </ul>	tions Herbal teas?		
<ol> <li>Thyroid Problems.</li> <li>High Blood Pressure.</li> <li>HIV.</li> <li>Are you taking any Herbal medicated.</li> <li>Are you taking any Bone medicated.</li> </ol>	tions Herbal teas?		
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11. Are you taking any Bone medicate IF YES, PLEASE			
IF YES, PLEASE	· · · · · · · · · · · · · · · · · · ·		
CHIEF COMPLAINT: REASON FOR	FODAY'S VISIT? _		
DATE OF ONSET OF PAIN OR PROE	LEM:		
PAST SURGERIES:			
CURRENT MEDICATIONS:			
ALLERGIC TO MEDICATIONS:			
SOCIAL HISTORY:			
OCCUPATION _			
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ALCOHOL	HOW MU	~11: <u> </u>	