

HEALTH ANALYSIS

No. _____ Date _____
 Patient _____ Home Phone (_____) _____
 Address _____ City _____ State _____ Zip _____
 Marital Status: Single Married Widowed Separated Divorced
 Age _____ Occupation _____

Please Circle the Appropriate Answer.

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|-------|--|-----|----|
| 1. | Do you need glasses to read? | Yes | No |
| 2. | Do you need glasses to see things at a distance? | Yes | No |
| 3. | Has your eyesight often blacked out completely? | Yes | No |
| 4. | Do your eyes continually blink or water? | Yes | No |
| 5. | Do you often have bad pains in your eyes? | Yes | No |
| 6. | Are your eyes often red or inflamed? | Yes | No |
| 7. | Are you hard of hearing? | Yes | No |
| 8. | Have you ever had a fluid leaking from your ear? | Yes | No |
| 9. | Do you have constant noises in your ears? | Yes | No |
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| 10. | Do you have to clear your throat constantly? | Yes | No |
| 11. | Do you often feel a choking lump in your throat? | Yes | No |
| 12. | Are you often troubled with bad spells of sneezing? | Yes | No |
| 13. | Is your nose continually stuffed up? | Yes | No |
| 14. | Do you suffer from a constantly running nose? | Yes | No |
| 15. | Have you at times had bad nose bleeds? | Yes | No |
| 16. | Do you often catch severe colds? | Yes | No |
| 17. | Do you frequently suffer from heavy chest colds? | Yes | No |
| 18. | When you catch a cold, do you always have to go to bed? | Yes | No |
| 19. | Do frequent colds keep you miserable all winter? | Yes | No |
| 20. | Do you get hay fever? | Yes | No |
| 21. | Do you suffer from asthma? | Yes | No |
| 22. | Are you troubled by constant coughing? | Yes | No |
| 23. | Have you ever coughed up blood? | Yes | No |
| 24. | Do you wake up drenched with sweat during the middle of the night? | Yes | No |
| 25. | Have you ever had a chronic chest condition? | Yes | No |
| 26. | Have you ever had T.B. (tuberculosis)? | Yes | No |
| 27. | Did you ever live with anyone who had T.B.? | Yes | No |
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| 28. | Has a doctor ever said your blood pressure was too high? | Yes | No |
| 29. | Has a doctor ever said your blood pressure was too low? | Yes | No |
| 30. | Do you have pains in the heart or chest? | Yes | No |
| 31. | Are you often bothered by thumping of the heart? | Yes | No |
| 32. | Does your heart often race like mad? | Yes | No |
| 33. | Do you often have difficulty in breathing? | Yes | No |
| 34. | Do you get out of breath before anyone else? | Yes | No |
| 35. | Do you sometimes get out of breath just sitting still? | Yes | No |
| 36. | Are your ankles often badly swollen? | Yes | No |
| 37. | Do cold hands or feet trouble you, even in hot weather? | Yes | No |
| 38. | Do you suffer from frequent cramps in your legs? | Yes | No |
| 39. | Has a doctor ever said you had heart trouble? | Yes | No |
| 40. | Does heart trouble run in your family? | Yes | No |
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| 41. | Have you lost more than half your teeth? | Yes | No |
| 42. | Are you troubled by bleeding gums? | Yes | No |