



Illnesses	List past illnesses that required medical treatment		
	Illness	Description	Year

Accidents	List past accidents (childhood, motor vehicle, work, sports etc.)		
	Accident	Description	Year

Medication	List all medication you are currently taking, including recreational drugs	
	Pain management	<input type="text"/>
	Cardiovascular	<input type="text"/>
	Digestion	<input type="text"/>
	Other	<input type="text"/>

Tick all boxes of conditions that currently apply			
1. Osteoporosis	<input type="checkbox"/>	13. Thyroid	<input type="checkbox"/>
2. Osteoarthritis	<input type="checkbox"/>	14. Diabetes	<input type="checkbox"/>
3. Rheumatoid arthritis, fibromyalgia	<input type="checkbox"/>	15. Fainting	<input type="checkbox"/>
4. Blood pressure	<input type="checkbox"/>	16. Epilepsy	<input type="checkbox"/>
5. Circulation problems, thrombosis, embolism	<input type="checkbox"/>	17. Heart problems	<input type="checkbox"/>
6. Bleeding, anticoagulant medication	<input type="checkbox"/>	18. Pacemaker, electronic implant	<input type="checkbox"/>
7. Cramps	<input type="checkbox"/>	19. Cancer	<input type="checkbox"/>
8. Swollen ankles	<input type="checkbox"/>	20. Hepatitis, HIV, AIDS	<input type="checkbox"/>
9. Varicose veins	<input type="checkbox"/>	21. Allergies (medication, materials e.g. metals)	<input type="checkbox"/>
10. Eczema	<input type="checkbox"/>	22. Fear of needles	<input type="checkbox"/>
11. Athletes foot	<input type="checkbox"/>	23. Pregnant, trying to conceive	<input type="checkbox"/>
12. Psoriasis	<input type="checkbox"/>	24. Menopausal problems	<input type="checkbox"/>