

Intake Form

General/Constitutional

Fatigue	<input type="radio"/> Yes	<input type="radio"/> No
Fever	<input type="radio"/> Yes	<input type="radio"/> No
Overall health	<input type="radio"/> Yes	<input type="radio"/> No
Weight gain	<input type="radio"/> Yes	<input type="radio"/> No

Cardiovascular

High blood pressure	<input type="radio"/> Yes	<input type="radio"/> No
---------------------	---------------------------	--------------------------

Endocrine

Diabetes	<input type="radio"/> Yes	<input type="radio"/> No
----------	---------------------------	--------------------------

Genitourinary

Kidney problems	<input type="radio"/> Yes	<input type="radio"/> No
-----------------	---------------------------	--------------------------

Hematology

Easy bruising	<input type="radio"/> Yes	<input type="radio"/> No
---------------	---------------------------	--------------------------

Musculoskeletal

Arthritis	<input type="radio"/> Yes	<input type="radio"/> No
Back problems	<input type="radio"/> Yes	<input type="radio"/> No
History of Gout	<input type="radio"/> Yes	<input type="radio"/> No
Leg cramps	<input type="radio"/> Yes	<input type="radio"/> No

Neurologic

Balance difficulty	<input type="radio"/> Yes	<input type="radio"/> No
Coordination	<input type="radio"/> Yes	<input type="radio"/> No
Stroke	<input type="radio"/> Yes	<input type="radio"/> No

Peripheral Vascular

Cold extremities	<input type="radio"/> Yes	<input type="radio"/> No
Decreased sensation in extremities	<input type="radio"/> Yes	<input type="radio"/> No
Ulceration of feet	<input type="radio"/> Yes	<input type="radio"/> No

Podiatric

Achilles pain	<input type="radio"/> Yes	<input type="radio"/> No
Ankle pain	<input type="radio"/> Yes	<input type="radio"/> No