

Health History addendum

Please let me know if any of the following applies to you.

Joint Hypermobility_____

Osteoporosis_____

Rheumatism _____

Whiplash_____

Stroke_____

Glaucoma_____

Intracranial aneurysm_____

Unmedicated Epilepsy_____

Brain Tumor_____

Herpes Encephalitis_____

Meningitis_____

Unmedicated high blood pressure

Arteriosclerosis_____

Fixed Atlas_____

Pregnancy, either problematic or simply in your 9th month_____

Ear surgeries_____

Date and Signature_____