

# PATIENT INTRODUCTION

Name \_\_\_\_\_ MI \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Social Security \_\_\_\_\_ Sex M / F Marital Status S / M / D / W

Employer \_\_\_\_\_ E-Mail \_\_\_\_\_

Names of Children \_\_\_\_\_ Referred By \_\_\_\_\_

Spouse/Parents Name \_\_\_\_\_ Insured's Employer \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

## OFFICE POLICY FOR HEALTH INSURANCE

Patients that have a fixed co-pay are expected to pay that at the time of service. If you have a deductible and a percent co-insurance you will be responsible for what your insurance company does not pay. Nutritional Supplement or Other Supplies must be paid for at the time of service.

We will bill your insurance company directly for you. When we receive payment from your insurance company your account will be credited. You will receive a monthly statement only after your insurance responds.

Please make all checks payable to: **Cold Spring Chiropractic**

I hereby authorize Cold Spring Chiropractic to release any information necessary to process any and all claims. Assign benefits payable directly to the above clinic.

I hereby authorize Cold Spring Chiropractic to treat me for any and all conditions.

## CONSENT OF TREATMENT OF MINOR CHILD

I hereby authorize Doctors at Cold Spring Chiropractic to administer chiropractic care as he/she deems necessary to my son/daughter.

Type of Insurance \_\_\_\_\_ Insurance Policyholder \_\_\_\_\_

Policyholder Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Insurance Identification Number \_\_\_\_\_



\_\_\_\_\_  
Patient, Parent, or Guardian Signature

\_\_\_\_\_  
Date

# Patient Health Questionnaire

ACN Group, Inc. Form PHQ-102

ACN Group, Inc. Use Only rev 3/27/2003

Patient Name \_\_\_\_\_

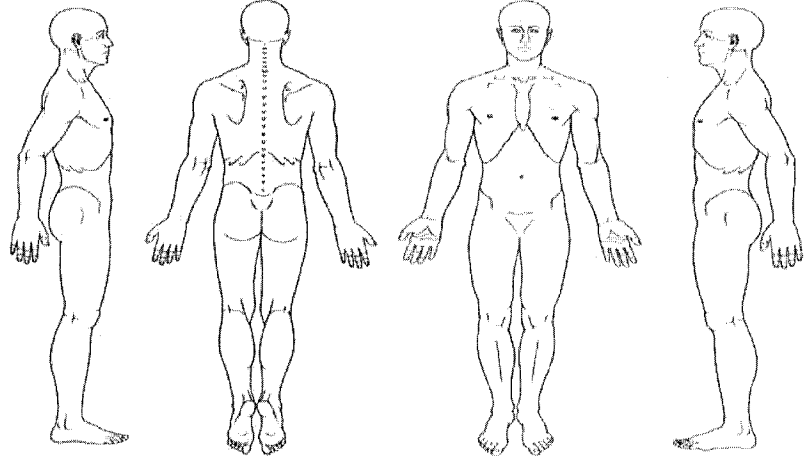
Date \_\_\_\_\_

1. When did your symptoms start: \_\_\_\_\_

Describe your symptoms and how they began:  
\_\_\_\_\_

2. How often do you experience your symptoms? Indicate where you have pain or other symptoms

- ① Constantly (76-100% of the day)
- ② Frequently (51-75% of the day)
- ③ Occasionally (26-50% of the day)
- ④ Intermittently (0-25% of the day)



3. What describes the nature of your symptoms?

- ① Sharp
- ② Dull ache
- ③ Numb
- ④ Shooting
- ⑤ Burning
- ⑥ Tingling

4. How are your symptoms changing?

- ① Getting Better
- ② Not Changing
- ③ Getting Worse

5. How bad are your symptoms at their:

- None Unbearable
- a. worst: ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
- b. best: ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

6. How do your symptoms affect your ability to perform daily activities?

- ① No complaints      ② Mild, forgotten with activity      ③ Moderate, interferes with activity      ④ Limiting, prevents full activity      ⑤ Intense, preoccupied with seeking relief      ⑥ Severe, no activity possible

7. What activities make your symptoms worse: \_\_\_\_\_

8. What activities make your symptoms better: \_\_\_\_\_

9. Who have you seen for your symptoms?

- ① No One
- ② Other Chiropractor
- ③ Medical Doctor
- ④ Physical Therapist
- ⑤ Other

a. When and what treatment? \_\_\_\_\_

b. What tests have you had for your symptoms and when were they performed?

- ① Xrays date: \_\_\_\_\_
- ② MRI date: \_\_\_\_\_
- ③ CT Scan date: \_\_\_\_\_
- ④ Other date: \_\_\_\_\_

10. Have you had similar symptoms in the past?

- ① Yes
- ② No

a. If you have received treatment in the past for the same or similar symptoms, who did you see?

- ① This Office
- ② Other Chiropractor
- ③ Medical Doctor
- ④ Physical Therapist
- ⑤ Other

11. What is your occupation?

- ① Professional/Executive
- ② White Collar/Secretarial
- ③ Tradesperson
- ④ Laborer
- ⑤ Homemaker
- ⑥ FT Student
- ⑦ Retired
- ⑧ Other

a. If you are not retired, a homemaker, or a student, what is your current work status?

- ① Full-time
- ② Part-time
- ③ Self-employed
- ④ Unemployed
- ⑤ Off work
- ⑥ Other

12. What do you hope to get from your visit/treatment (select all that apply):

- ① Reduce symptoms
- ② Resume/increase activity
- ③ Explanation of condition/treatment
- ④ Learn how to take care of this on my own
- ⑤ How to prevent this from occurring again
- ⑥

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_

# Patient Health Questionnaire - page 2

ACN Group, Inc PHQ-102



ACN Group, Inc. Use Only rev 3/27/2003

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

What type of regular exercise do you perform?  ① None  ② Light  ③ Moderate  ④ Strenuous

What is your height and weight? Height 

--	--	--

 Weight 

--	--	--

 lbs.  
Feet Inches

For each of the conditions listed below, place a check in the Past column if you have had the condition in the past. If you presently have a condition listed below, place a check in the Present column.

- | <table border="0" style="width: 100%;"> <tr> <th style="width: 10%;"><i>Past</i></th> <th style="width: 10%;"><i>Present</i></th> <th></th> </tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Headaches</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Neck Pain</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Upper Back Pain</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Mid Back Pain</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Low Back Pain</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Shoulder Pain</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Elbow/Upper Arm Pain</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Wrist Pain</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Hand Pain</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Hip/Upper Leg Pain</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Knee/Lower Leg Pain</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Ankle/Foot Pain</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Jaw Pain</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Joint Swelling/Stiffness</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Arthritis</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Rheumatoid Arthritis</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>General Fatigue</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Muscular Incoordination</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Visual Disturbances</td></tr> <tr><td><input type="radio"/></td><td><input 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type="radio"/></td><td>Angina</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Kidney Stones</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Kidney Disorders</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Bladder Infection</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Painful Urination</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Loss of Bladder Control</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Prostate Problems</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Abnormal Weight Gain/Loss</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Loss of Appetite</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Abdominal Pain</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Ulcer</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Hepatitis</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Liver/Gall Bladder Disorder</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Cancer</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Tumor</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Asthma</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Chronic Sinusitis</td></tr> </table> | <i>Past</i> | <i>Present</i> |  | <input type="radio"/> | <input type="radio"/> | High Blood Pressure | <input type="radio"/> | <input type="radio"/> | Heart Attack | <input type="radio"/> | <input type="radio"/> | Chest Pains | <input type="radio"/> | <input type="radio"/> | Stroke | <input type="radio"/> | <input type="radio"/> | Angina | <input type="radio"/> | <input type="radio"/> | Kidney Stones | <input type="radio"/> | <input 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type="radio"/></td><td>Dermatitis/Eczema/Rash</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>HIV/AIDS</td></tr> <tr><td colspan="3"><b>Females Only</b></td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Birth Control Pills</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Hormonal Replacement</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Pregnancy</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td></td></tr> <tr><td colspan="3"><b>Other Health Problems/Issues</b></td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td></td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td></td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td></td></tr> </table> | <i>Past</i> | <i>Present</i> |  | <input type="radio"/> | <input type="radio"/> | Diabetes | <input type="radio"/> | <input type="radio"/> | Excessive Thirst | <input type="radio"/> | <input type="radio"/> | Frequent Urination | <input type="radio"/> | <input type="radio"/> | Smoking/Use Tobacco Products | <input type="radio"/> | <input type="radio"/> | Drug/Alcohol Dependence | <input type="radio"/> | <input type="radio"/> | Allergies | <input type="radio"/> | <input type="radio"/> | Depression | <input type="radio"/> | <input type="radio"/> | Systemic Lupus | <input type="radio"/> | <input type="radio"/> | Epilepsy | <input type="radio"/> | <input type="radio"/> | Dermatitis/Eczema/Rash | <input type="radio"/> | <input type="radio"/> | HIV/AIDS | <b>Females Only</b> |  |  | <input type="radio"/> | <input type="radio"/> | Birth Control Pills | <input type="radio"/> | <input type="radio"/> | Hormonal Replacement | <input type="radio"/> | <input type="radio"/> | Pregnancy | <input type="radio"/> | <input type="radio"/> |  | <b>Other Health Problems/Issues</b> |  |  | <input type="radio"/> | <input type="radio"/> |  | <input type="radio"/> | <input type="radio"/> |  | <input type="radio"/> | <input type="radio"/> |  |
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| <i>Past</i>  | <i>Present</i>        |                              |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Headaches                    |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Neck Pain                    |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Upper Back Pain              |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Mid Back Pain                |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Low Back Pain                |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Shoulder Pain                |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Elbow/Upper Arm Pain         |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Wrist Pain                   |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Hand Pain                    |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Hip/Upper Leg Pain           |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Knee/Lower Leg Pain          |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Ankle/Foot Pain              |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Jaw Pain                     |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Joint Swelling/Stiffness     |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Arthritis                    |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Rheumatoid Arthritis         |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | General Fatigue              |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Muscular Incoordination      |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Visual Disturbances          |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Dizziness                    |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <i>Past</i>  | <i>Present</i>        |                              |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | High Blood Pressure          |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Heart Attack                 |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Chest Pains                  |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Stroke                       |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Angina                       |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Kidney Stones                |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Kidney Disorders             |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Bladder Infection            |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Painful Urination            |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Loss of Bladder Control      |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Prostate Problems            |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Abnormal Weight Gain/Loss    |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Loss of Appetite             |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Abdominal Pain               |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Ulcer                        |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Hepatitis                    |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Liver/Gall Bladder Disorder  |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Cancer                       |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Tumor                        |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Asthma                       |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Chronic Sinusitis            |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <i>Past</i>  | <i>Present</i>        |                              |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Diabetes                     |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Excessive Thirst             |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Frequent Urination           |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Smoking/Use Tobacco Products |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Drug/Alcohol Dependence      |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Allergies                    |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Depression                   |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Systemic Lupus               |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Epilepsy                     |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Dermatitis/Eczema/Rash       |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | HIV/AIDS                     |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <b>Females Only</b>  |                       |                              |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Birth Control Pills          |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Hormonal Replacement         |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Pregnancy                    |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> |                              |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <b>Other Health Problems/Issues</b>  |                       |                              |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> |                              |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> |                              |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> |                              |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |

Indicate if an immediate family member has had any of the following:

- Rheumatoid Arthritis     Heart Problems     Diabetes     Cancer     Lupus     \_\_\_\_\_

List all prescription and over-the-counter medications, and nutritional/herbal supplements you are taking:

\_\_\_\_\_

List all the surgical procedures you have had and times you have been hospitalized:

\_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

**Doctor's Additional Comments**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Doctors Signature \_\_\_\_\_ Date \_\_\_\_\_

## Cold Spring Chiropractic

### **THIS NOTICE DESCRIBES HOW CHIROPRACTIC AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

In the course of your care as a patient at Cold Spring Chiropractic we may use or disclose personal and health related information about you in the following ways:

\*Your personal health information, including any of your clinical records, may be disclosed to another health care provider or hospital if it is necessary to refer you for further diagnosis, assessment or treatment.

\*Your health care records as well as your billing records may be disclosed to another party, such as an insurance carrier, an HMO, a PPO, or your employer, if they are or may be responsible for the payment of your services.

\*Your name, address, phone number, and your health care records may be used to contact you regarding appointment reminders, information about alternatives to your present care, or other health related information that may be of interest to you.

If you are not at home to receive an appointment reminder, a message may be left on your answering machine. Further, you have the right to inspect or obtain a copy of the information we will use for these purposes. You also have the right to refuse to provide authorization for this office to contact you regarding these matters. If you do not provide us with this authorization it will not affect the care provided to you or the reimbursement avenues associated with your care.

Under federal law, we are also permitted or required to use or disclose your health information without your consent or authorization in these following circumstances:

\*If we are providing health care services to you based on the orders of another health care provider.

\*If we provide health care services to you in an emergency.

\*If we are required by law to provide care to you and we are unable to obtain your consent after attempting to do so.

\*If there are substantial barriers to communicating with you, but in our professional judgement we believe that you intend for us to provide care.

\*If we are ordered by the courts or another appropriate agency

Any use or disclosure of your protected health information, other than as outlined above, will only be made upon your written authorization.

We normally provide information about your health to you in person at the time you receive chiropractic care from us. We may also mail information to you regarding your health care or about the status of your account. If you would like to receive this information at an address other than your home or, if you would like the information in a different form please advise us in writing as to your preferences.

You have the right to inspect and/or copy your health information for seven years from the date that the record was created or as long as the information remains in our files. In addition you have the right to request an amendment to your health information. Requests to inspect, copy or amend your health related information should be provided to us in writing.

We are required by state and federal law to maintain the privacy of your patient file and the health protected health information therein. We are also required to provide you with this notice of our privacy practices with respect to your health information.

We are further required by law to abide by the terms of this notice while it is in effect. We reserve the right to alter or amend the terms of this privacy notice. If changes are made to our privacy notice we will notify you in writing as soon as

possible following the changes. Any change in our privacy notice will apply for all of your health information in our files.

Information that we use or disclose based on this privacy notice may be subject to re-disclosure by the person to whom we provide the information and may no longer be protected by the federal privacy rules.

If you have a complaint regarding our privacy notice, our privacy practices or any aspect of our privacy activities you should direct your complaint to:  
Gayle Kinzer, Privacy Officer

If you would like further information about our privacy policies and practices please contact:

Gayle Kinzer, Privacy Officer

This notice is effective as of April 14, 2003. This notice, and any alterations or amendments made hereto will expire seven years after the date upon which the record was created. My signature acknowledges that I have received a copy of this notice.

\_\_\_\_\_  
Name (Printed please)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you are a minor, or if you are being represented by another party

\_\_\_\_\_  
Personal Representative (Printed)

\_\_\_\_\_  
Personal Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Description of the authority to act on behalf of the patient.

Cold Spring Chiropractic

**Patient Authorization for thank you cards, birthday cards, newsletters, appointment reminders and scheduling related matters.**

It is our desire for our team to use your name, address, telephone number, and/or e-mail address for the purpose of contacting you to remind you about scheduled or missed appointments, re-evaluations or other appointment related issues. We may also use this information to send you a newsletter, thank you or birthday card.

The use of this information is intended to make your experience with our office more efficient, productive and to further enhance your access to quality health care. If you choose not to authorize the use of this information, your decision will have no adverse effect on your care from Cold Spring Chiropractic or on your relationship with our team.

Your signature indicates your authorization of this activity.

\_\_\_\_\_  
Name (printed)                      Signature                      Date

This authorization may be revoked by you at any time. Revocation may be accomplished by advising us in writing of your desire to withdraw your authorization. Please allow a reasonable processing time for the change in our system to be completed.