**HEALTH CONDITIONS QUESTIONNAIRE**

* Alcoholism/Substance Abuse
* Anemia
* Anxiety
* Any other mental health (not depression or anxiety)
* Arthritis/Osteoporosis
* Asthma
* Autism
* Blood disorder
* Cancer
* Carpal tunnel syndrome
* Chronic kidney disease; weak/failing kidneys
* COPD or Chronic bronchitis or emphysema
* CVA (Cerebral Vascular Accident)
* Dental Issue
* Depression
* Diabetes, gestational diabetes, pre-diabetes/borderline diabetes
* Fracture/broken bone
* Gastrointestinal disorders (Crohn’s, ulcerative colitis, GERD/acid reflux/heartburn, IBS)
* Gynecology Concern (women’s health not elsewhere specified)
* Headache/Migraine
* Hearing
* Heart Conditions (Heart disease, angina pectoris, heart attack, other heart condition)
* Hepatitis C
* High blood pressure/Hypertension
* High Cholesterol/Hyperlipidemia/Dyslipidemia
* HIV/AIDS
* Obesity/Overweight
* Pain (not dental)
* Pregnancy Status
* Seizure disorder/Epilepsy
* Sexually Transmitted Infection (Herpes, etc.)
* Skin Condition (ex. Acne, Eczema, Psoriasis)
* Sleep Disorders/Sleep Apnea/Insomnia
* Stroke
* Thyroid condition
* TIA (Transient Ischemic Attack)
* Tobacco/Nicotine Dependence
* Vision Impairment
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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Notes:

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