Health History and Medical Conditions				
	Condition or Diagnosis	Yes, I Have	No, I Don't Have	Additional Information
1.	Allergies (list type below)			
1a.				
2.	Alzheimer's			
3.	Anemia			
4.	Arthritis			
5.	Asthma			
6.	Autism			
7.	Bipolar Disorder			
8.	Cancer (list type below)			
8a.				
9.	Cardiac Dysrhythmia			
10.	Cataracts			
11.	Dementia			
12.	Depression			
13.	Diabetes (Controlled)			
14.	Diabetes (Uncontrolled)			
15.	Eating Disorder			
16.	Emphysema			
17.	Glaucoma			
18.	Heart Disease			
19.	Heart Failure			

Health History and Medical Conditions				
	Condition or Diagnosis	Yes, I Have	No, I Don't Have	Additional Information
20.	HIV (AIDS)			
21.	Hypertension			
22.	Lung Disease			
23.	Multiple Sclerosis			
24.	Osteoporosis			
25.	Parkinson's Disease			
26.	Pneumonia			
27.	Kidney Disease			
28.	Schizophrenia			
29.	Spinal Cord Injury			
30.	Stroke			
31.	Traumatic Brain Injury (TBI)			
32.	Tuberculosis (TB)			
33.	Urinary Tract Infection (recurrent)			
34.	Circulatory Issues			
35.	Other Health Condition(s) (list below)			
36.				
37.				
38.				