Astrid Rothmund Therapies LLC

Name:		Date:

Past Medical History

Check if applicable	Have you, or do you have, any of the following	Comments
	Rheumatoid Arthritis	
	Fibromyalgia	
	ME/Chronic Fatigue syndrome	
	Migraines/Headaches	
	Dizziness	
	Diabetes	
	Anxiety	
	Depression	
	Allergies	
	Cancer (what type)	
	Thyroid condition	
	High Blood pressure	
	Lung condition or history of pneumonia	
	Constipation (chronic)	
	Endometriosis	
	Heart condition / heart attack	
	Pacemaker	
	Anemia (what type)	
	Aneurysm	
	Kidney condition	
	Joint replacement	
	Pregnancy (delivery: natural or C-section)	
	Any other major medical problem:	