

DO YOU HAVE (please circle)			HAVE YOU HAD (please circle)		
Hypertension/High BP	Yes	No	Heart attack	Yes	No
Heart Disease	Yes	No	If yes, when?		
Gout or hyperuricemia	Yes	No	Cancer	Yes	No
Degenerative arthritis	Yes	No	If yes, what kind and when?		
Any kind of arthritis	Yes	No	Cortisone/prednisone	Yes	No
If yes, what kind?			If yes, when?		
Diabetes Mellitus	Yes	No	Bone fracture in past 3 months	Yes	No
High cholesterol or triglyceride	Yes	No	If yes, what bone?		
Liver Disease	Yes	No			
If yes, do you have a special diet?					
Kidney Disease	Yes	No			
If yes, do you have a special diet?					
Cancer	Yes	No			
If yes, when was last treatment?					
Stomach ulcers	Yes	No			
Inflammatory bowel disease	Yes	No			