

What is your goal for today's appointment?

Medical Conditions Checklist

Understanding your medical conditions is crucial for providing complete and personalized care at NKHS. Medical conditions may impact your mental and emotional well-being and knowing about them helps us create better treatment plans to support your overall health. Your information allows us to work well with other healthcare providers and make sure you get the best possible care.

If Checked Other, Please Explain:

<input type="checkbox"/> Alzheimer's Disease	<input type="checkbox"/> Anemia	<input type="checkbox"/> Aphasia - expressive
<input type="checkbox"/> Aphasia – receptive	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Asthma
<input type="checkbox"/> Blood Disorders/Sickle Cell	<input type="checkbox"/> Bowel Disorder/IBS	<input type="checkbox"/> Cancer
<input type="checkbox"/> Cardiac Disease	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Chronic Fatigue
<input type="checkbox"/> Chronic Pain	<input type="checkbox"/> COPD	<input type="checkbox"/> Crohn's Disease
<input type="checkbox"/> Dementia	<input type="checkbox"/> Dental Condition	<input type="checkbox"/> Diabetes (Specify Type Below)
<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> Dysphagia	<input type="checkbox"/> Eating Disorder Anorexia/Restricting
<input type="checkbox"/> Eating Disorder - Binge Eating	<input type="checkbox"/> Eating Disorder -Bulimia/Purging	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Fibromyalgia	<input type="checkbox"/> Head Trauma	<input type="checkbox"/> Headaches/Migraines
<input type="checkbox"/> Hemiplegia	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hepatitis C	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> High Cholesterol
<input type="checkbox"/> HIV	<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> Hypothyroidism
<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Klinefelter Syndrome
<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Low Blood Pressure	<input type="checkbox"/> Lyme Disease
<input type="checkbox"/> Mental Health Disorder	<input type="checkbox"/> Muscle Strain	<input type="checkbox"/> Myocardial Infarction/Heart Attack
<input type="checkbox"/> Obstetrical History	<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Pancreatic Disease
<input type="checkbox"/> Parkinson's	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> Sexually Transmitted Disease	<input type="checkbox"/> Sleep apnea	<input type="checkbox"/> Stomach Ulcers/GI Problems
<input type="checkbox"/> Stroke	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Thyroid Disease
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Unexplained Weight Gain	<input type="checkbox"/> Unexplained Weight Loss
<input type="checkbox"/> Urinary Retention		

Other/Additional Info:

Cancer - Specify Type:

Diabetes - Specify Type: