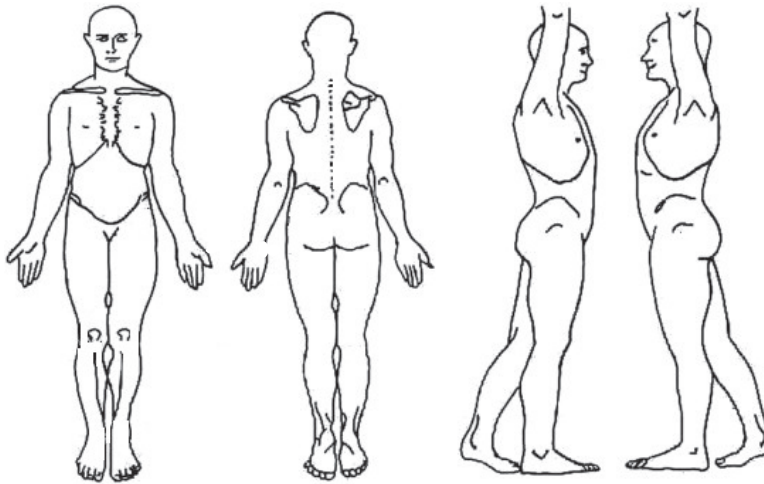


DO YOU NOW OR HAVE YOU EVER EXPERIENCED ANY OF THE FOLLOWING? BE DESCRIPTIVE WHERE APPROPRIATE

HEART CONDITION_____	OSTEOPOROSIS_____
HIGH BLOOD PRESSURE_____	ARTHRITIS_____
PHLEBITIS_____	HEADACHES_____
HEMOPHILIA_____	CIRCULATORY PROBLEMS_____
DIABETES_____	ELIMINATORY PROBLEMS_____
CANCER_____	SKIN PROBLEMS_____
CONVULSIONS_____	RESPIRATORY ISSUES_____
MUSCLE OR JOINT PAIN_____	INFECTIOUS DISEASES_____
OTHER OR DESCRIPTIONS_____	

DO YOU HAVE ANY REMOVABLE PARTS? DENTURES TOUPES CONTACTS REMOVABLE BRIDGEWORK
PROSTHETIC LIMBS OTHER_____

WHAT'S GOING ON IN YOUR BODY- LABEL THE GOOD, THE BAD, AND THE WEIRD!



WELLNESS WITHIN

