

## Medical Conditions

**Name:**

**Birthdate:**

Please list ALL medical conditions and attach MAR or CDDO Form 8009:

- ❖ **Respiratory:** (i.e. Allergies, Asthma, Chronic Bronchitis, COPD, Cystic fibrosis, Emphysema, Pulmonary Edema, Sleep Apnea, Rhinitis):
  
  
  
  
  
  
  
  
  
  
- ❖ **Cardiovascular:** (i.e. Cardiomyopathy, Congestive Heart Failure, Heart Murmur, Hypertension, Hypotension, Raynaud's Disease):
  
  
  
  
  
  
  
  
  
  
- ❖ **Gastro-Intestinal:** (i.e. Acid Reflux, Celiac Disease, Cirrhosis, Colitis, Chron's Disease, Gall Stones, GERD, Hepatitis, Hiatal Hernia, Irritable Bowel Syndrome, Ulcers):
  
  
  
  
  
  
  
  
  
  
- ❖ **Genito- Urinary:** (i.e. Chronic UTI's Diabetes, Dysmenorrheal, Kidney Stones, Renal Failure, Thyroid):
  
  
  
  
  
  
  
  
  
  
- ❖ **Neoplastic Disease:** (i.e. Cancer, Carcinomas, Tumors):
  
  
  
  
  
  
  
  
  
  
- ❖ **Neurological Diseases:** (i.e. Alzheimer's Disease, Bell's Palsy, Dementia, Multiple Sclerosis, Muscular Dystrophy, Narcolepsy, Parkinson's Disease, Prader-Willi):
  
  
  
  
  
  
  
  
  
  
- ❖ **Please list any other medical conditions not listed above:**