

BubbleSheet_1

Past Medical History

Gout	<input type="radio"/> Yes	<input type="radio"/> No
Bleeding Problems	<input type="radio"/> Yes	<input type="radio"/> No
Skin disease	<input type="radio"/> Yes	<input type="radio"/> No
Fibromyalgia	<input type="radio"/> Yes	<input type="radio"/> No
Lupus	<input type="radio"/> Yes	<input type="radio"/> No
Arthritis	<input type="radio"/> Yes	<input type="radio"/> No
Hepatitis	<input type="radio"/> Yes	<input type="radio"/> No
Sciatica	<input type="radio"/> Yes	<input type="radio"/> No
Arthritis, rheumatoid	<input type="radio"/> Yes	<input type="radio"/> No
Clotting disorder	<input type="radio"/> Yes	<input type="radio"/> No
Stomach Ulcer	<input type="radio"/> Yes	<input type="radio"/> No
Shortness of breath	<input type="radio"/> Yes	<input type="radio"/> No
Diabetes	<input type="radio"/> Yes	<input type="radio"/> No
Lung disease	<input type="radio"/> Yes	<input type="radio"/> No
Leg Vein Condition	<input type="radio"/> Yes	<input type="radio"/> No
HIV positive	<input type="radio"/> Yes	<input type="radio"/> No
Asthma	<input type="radio"/> Yes	<input type="radio"/> No
High blood pressure	<input type="radio"/> Yes	<input type="radio"/> No

BubbleSheet_2

Past Medical History

Back pain	<input type="radio"/>	Yes	<input type="radio"/>	No
Leg Clot	<input type="radio"/>	Yes	<input type="radio"/>	No
Heart disease	<input type="radio"/>	Yes	<input type="radio"/>	No

Social History

alcohol	<input type="radio"/>	Yes	<input type="radio"/>	No
smoking	<input type="radio"/>	Yes	<input type="radio"/>	No
HIV/AIDS	<input type="radio"/>	Yes	<input type="radio"/>	No
Standing Occupation	<input type="radio"/>	Yes	<input type="radio"/>	No

Musculoskeletal

Joint pain	<input type="radio"/>	Yes	<input type="radio"/>	No
Back pain	<input type="radio"/>	Yes	<input type="radio"/>	No

Neurology

Tingling/Numbness Foot	<input type="radio"/>	Yes	<input type="radio"/>	No
walking difficulties	<input type="radio"/>	Yes	<input type="radio"/>	No
Peripheral neuropathy	<input type="radio"/>	Yes	<input type="radio"/>	No

Gastroenterology

Ulcer/Gastritis	<input type="radio"/>	Yes	<input type="radio"/>	No
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