

Please check all that applies to your medical history

- Anemia
- Blood disease
- Cancer
 - Type_____
 - Chemotherapy Radiation
- Cardiovascular disease
- Diabetes
- Hypercholesterol
- Hypertension (High blood pressure)
- Liver Disease
- Lupus
- Migraines
- Nausea /dizziness
- Renal (kidney) disease, renal transplant or on dialysis
- Seizures
- Stroke (CVA)