

Name \_\_\_\_\_

Date \_\_\_\_\_

Birthdate \_\_\_\_\_

Describe your principle complaint(s) or goals.

List any illnesses, diseases, surgeries, physical or emotional traumas, and accidents you can recall. (include ages) don't forget appendix or gallbladder or dental operations, Falls or blows to your head, parents divorce or family issues...

Childhood:

Adolescence:

Adulthood:

List medications (prescription or OTC) supplements, herbs, and vitamins you take, even if occasional:

List any scars you have and their locations, even if they're small:

Any problems during your birth? (prematurity, labor trauma, etc)

Any unusual vaccines or reaction to vaccinations?

List any major illnesses or diseases (like diabetes, heart disease, hypertension, neurological, psychological and orthopedic disorders, etc) in members of your immediate family:

Name \_\_\_\_\_

Date \_\_\_\_\_

Describe yourself. This can be just the first few words that come to mind, or attach a sheet if you want to write more.

Describe your life. This can be a few words or attach a sheet.

Describe your diet. This can be a few words or attach a sheet.

**Circle any problems, diseases or symptoms you have now.**  
**Underline items that affected you in the past.**

**Skin:** eczema acne skin rashes dermatitis fungal infections warts psoriasis

**Heart and Vascular:** fast pulse (over 100 bpm) palpitations irregular pulse  
feeling of pressure in the chest shortness of breath chest pain dizziness  
migraine headaches with nausea cold hands/ cold feet Raynaud's flushed face  
anemia high blood pressure low blood pressure cold sweats red face feel  
dizzy or faint when standing up quickly or standing a long time stroke

**Gastrointestinal:** constipation diarrhea no appetite stomach pain indigestion  
heartburn gas belching ulcer gastritis lack of stomach acid hemorrhoids  
ileocecal valve spasm peritonitis pancreatitis appendicitis irritable bowel  
polyps GI tumors food allergy/ sensitivity gallstones or gallbladder surgery  
parasites

**Respiratory:** asthma bronchitis emphysema chronic cough wheezing  
pneumonia lung abscess environmental allergies (pollen, dander, grass, etc)  
shallow breathing sleep apnea

**Hormone Imbalance:** low thyroid over active thyroid diabetes hypoglycemia hot  
flashes nightsweats other perimenopausal symptoms other hormone  
imbalances: \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

**Male:** impotency premature ejaculation prostate gland problem vasectomy  
infertility low libido incomplete urination/ dribbling

**Female:** heavy/ light/ irregular periods cramping PMS emotional periods cysts  
fibroids endometriosis miscarriage abortion menopause symptoms tubal  
ligation infertility low libido frequent bladder infections difficult labor  
surgical labor

**Neurological:** tremors tics twitching Bell's Palsy paralysis numbness tingling  
burning pain seizures

**Autoimmune & inflammatory conditions:** Hashimoto's disease (thyroid) rheumatism  
colitis SLE (Lupus) Crohn's disease alopecia (baldness) cellulitis atopic  
dermatitis neurodermatitis vulvitis low immunity other \_\_\_\_\_

**Effects of focal infections:** rheumatic disease rheumatic fever skin disease  
streptococci infections staphylococci infections chronic sinus infections chronic  
ear infections as adult or child

**Connective tissue:** arthritis myofascial pain syndrome fibromyalgia tendonitis  
plantar fasciitis ear nose & throat: deafness tinnitus (ringing in the ear) itchy ear  
ear pain ear infections sore throat sinus headaches yellow mucus stuffy nose  
post nasal drip dry throat itchy throat swollen glands constant sinus congestion  
strep throat infections easily catch colds

**Oral disease:** bleeding gums periodontitis dental abscess mumps toothaches/  
without cavities TMJ stomatitis (canker sores, inflammation of the mouth) loose  
teeth

**Other:** insomnia exhaustion psychosomatic disorder constant slight fever  
kidney stones emotional problems (angry, irritable, depressed, anxious, etc.)  
difficult concentrating on a task car / sea / air sickness no appetite for breakfast  
moody in morning easily jet lagged never sweat unusual sweating (palms,  
soles, elsewhere) easily hot easily cold

*Before noon time:* no energy feel spacey scattered mind long shower or bath  
makes you feel dizzy energetic all evening, but hate to wake up early in the morning

**Medication and Drugs:** Birth control tobacco caffeine alcohol marijuana  
stimulants anti-depressant antibiotics blood pressure medication cholesterol  
medication NSAIDS steroids blood thinners (warfarin, coumadin)