



## Current health

Name:

Age:

Date:

Occupation:

Reason for question, appointment:

Current medications:

Hours of sleep per night:

Stool consistency:

Number of ounces of water per day:

Glasses of alcohol per week:

Stress level, 1 the lowest and 10 the highest:

Have you experienced unintentional weight loss of ten or more pounds?

History of tobacco use:

List any major illness or injuries:

Primary Physicain:

Email address and contact information:

Any other relevant information that you would like to share?

On page two, simply type a Y for yes or an for N for no next to the question on the line.  
The intend of this form is to get an accurate picture of your health

# Personal and Family History

## Personal

Arthritis \_\_\_  
Allergies\_\_\_  
Asthma\_\_\_  
Alcoholism\_\_\_  
Alzheimer's disease\_\_\_  
High blood pressure\_\_\_  
Autoimmune disease\_\_\_  
Bronchitis\_\_\_  
Cancer\_\_\_  
Chronic Fatigue Syndrome\_\_\_  
Carpal tunnel syndrome\_\_\_  
High cholesterol\_\_\_  
Colitis\_\_\_  
Depression\_\_\_  
Diabetes\_\_\_  
Diverticulitis\_\_\_  
Drug addiction\_\_\_  
Eating disorder\_\_\_  
Epilepsy\_\_\_  
Emphysema\_\_\_  
Fibromyalgia\_\_\_  
Food allergies\_\_\_  
Gout\_\_\_  
Heart disease\_\_\_  
Infection\_\_\_  
Inflammatory Bowel Disease\_\_\_

## Men Only

Benign Prostate\_\_\_  
Prostate Cancer\_\_\_  
decrease sex drive\_\_\_

## Woman Only

Menstrual Irregularities\_\_\_  
Endometriosis\_\_\_  
Infertility\_\_\_  
Fibrocystic Breast\_\_\_  
PMS\_\_\_  
Breast cancer\_\_\_  
Pelvic Inflammatory Disease\_\_\_  
Vaginal Infections\_\_\_  
Vaginal Disease\_\_\_  
Decreased Sex Drive\_\_\_  
Hysterectomy\_\_\_  
Menopause\_\_\_  
Birth Control\_\_\_

## Family

allergies\_\_\_  
Diabetes\_\_\_  
Heart Disease\_\_\_  
Obesity\_\_\_  
Migraines\_\_\_  
Osteoporosis\_\_\_

Point scale: 0= never or almost never, 1=occasionally have it, effect is not severe, 2= occasionally have it, effect is severe, 3= frequently have it, effect is not severe, 4=frequently have it and severe is effect.

Head

Headaches\_\_

Fatiness\_\_

Dizziness\_\_

Insomnia\_\_

Total\_\_

Eyes

Watery or itchy eyes\_\_

Swollen, reddened or sticky eyelids\_\_

Blurred or tunnel vision\_\_

Total\_\_

Nose

Stuffy nose\_\_

Sinus problems\_\_

Hay fever\_\_

Sneezing attacks\_\_

Excess mucus formation\_\_

Total\_\_

Mouth and throat

Chronic coughing\_\_

Gagging, frequent need to clear throat\_\_

Sore throat, loss of voice\_\_

Swollen or discolored tongue\_\_

Canker sores\_\_

Total\_\_

Skin

Acne\_\_

Hives, rashes\_\_

Hair loss\_\_

Flushing, hot flashes\_\_

Excess sweating\_\_

Total\_\_

Heart

irregular heart beat\_\_

Rapid heartbeat\_\_

Chest pain\_\_

Total\_\_

Lungs

Chest congestion\_\_

Asthma, bronchitis\_\_

Shortness of breath\_\_

Difficulty breathing\_\_

Total\_\_

Digestive Tract

nausea, vomiting\_\_

Diarrhea\_\_

Constipation\_\_

Bloated feeling\_\_

Belching, passing gas\_\_

Heartburn\_\_

Intestinal, stomach pain\_\_

Total\_\_

Joints and muscle

Pain or aches\_\_

Arthritis

Stiff or limitation of movement\_\_

Pain or aches in muscles\_\_

Feeling tired or weak\_\_

Total\_\_

Weight

Binge eating/drinking

Craving certain foods

Excess weight

Compulsive eating

Water retention

Underweight\_\_

Total\_\_

Energy/activity\_\_

fatigue\_\_

Apathy, lethargy\_\_

Hyperactivity\_\_

Restlessness\_\_

total\_\_

Mind

Poor memory\_\_

Confusion, poor comprehension\_\_

Poor concentration\_\_

Poor physical coordination\_\_

Difficulty in making decisions\_\_

Stuttering\_\_

Slurred speech\_\_

Learning disability\_\_

Total\_\_

Emotions

Mood swings\_\_

Anxiety, fear, nervousness\_\_

Anger, irritability, aggressiveness\_\_

Depression\_\_

Total\_\_

Other

Frequent illness\_\_

Frequent or urgent urination\_\_

Genital itch or discharge\_\_

Grand total\_\_

Please make sure that after you fill out each lined item that you add up each column and put the total in each total line.

Please fill out this form to your best of your ability and please email it back so our Doctors can review the information and figure out the best way to assist you and answer your questions, please call with questions.