

Medical History

This information is essential for the diagnosis procedure and helps us to provide you with a better treatment. Please fill out as accurately as you can.

THIS INFORMATION IS CONFIDENTIAL

Name: \_\_\_\_\_ Referred by \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ W. Phone(\_\_\_\_) \_\_\_\_\_

Birth date: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Describe your principle complaint \_\_\_\_\_

What has been diagnosed (By M.D.)? \_\_\_\_\_

Any problems during your birth? \_\_\_\_\_

Vaccination history: Any reactions that you remember? Any unusual vaccinations?

Childhood Illnesses: Any surgery or accidents?

Age: \_\_\_\_\_

Age: \_\_\_\_\_

Adolescence Illnesses: Any surgery or accidents?

Age: \_\_\_\_\_

Age: \_\_\_\_\_

Adulthood: Any surgery or accidents?

Age: \_\_\_\_\_

Age: \_\_\_\_\_

Age: \_\_\_\_\_

\_\_\_\_\_

Age: \_\_\_\_\_

\_\_\_\_\_

Age: \_\_\_\_\_

\_\_\_\_\_

Please not all major illnesses in your *immediate family*, like diabetes, heart disease, blood pressure, neurological disorders, psychological disorders, blood disorders, orthopedic disorders, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you taking any medication? Please note all medication, herbs, vitamins, and minerals you take even if you take them only occasionally.

\_\_\_\_\_

\_\_\_\_\_

Do you have any scars? Note location of all operation or injury scars (even minor ones)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Symptom List

Circle any problem, disease, or symptom you have now Underline items that affected you in the past.

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

**Heart and vascular:** Fast pulse (over 100 beats / min.) slow pulse (less than 70 beats / min.) palpitation irregular pulse feeling of pressure in the chest short of breath chest pain dizziness migraine headache with nausea cold hands/cold feet Raynaud's disease flushed face anemia high blood pressure low blood pressure cold sweats red face feel dizzy or faint when standing up quickly or standing for a long time

**Gastrointestinal:** constipation diarrhea no appetite stomach pain indigestion heartburn intestinal gas belching ulcer gastritis lack of stomach acid hemorrhoids ileocecal valve spasm peritonitis pancreatitis irritable bowel polyyps GI tumors

**Respiratory:** asthma bronchitis emphysema cough wheeze pneumonia lung abscess

**Hormonal imbalance:** low thyroid overactive thyroid diabetes hypoglycemia blood sugar

**Male:** impotence premature ejaculation prostate gland problem vasectomy infertility

**Female:** menstrual problems cramping heavy/light/irregular periods PMS emotional reactions menopause symptoms tubal ligation infertility low libido

**Autoimmune and inflammatory conditions:** Hashimoto's disease (thyroid) rheumatism systemic lupus erythematosus colitis Crohn's disease alopecia (baldness) allergy food allergy atopic dermatitis neurodermatitis cellulitis sinus allergy vulvitis low immunity

Effects of focal infections: rheumatic disease rheumatic fever arthritis skin disease  
Connective tissue or ligament diseases: Myofascial pain syndrome fibromyalgia tendinitis ligaments pericarditis constant slight fever glomerulonephritis plantar fasciitis scarlet fever ear infections streptococci infections staphylococci infections easily catch cold or sore throat swollen glands

**Ear, nose & throat:** deafness tinnitus (ringing in the ear) itchy ear ear pain frequent ear infections sinus head aches yellow mucus stuffy nose post-nasal-drip dry throat itchy throat constant sinus congestion streptococci throat infections sore throat

**Oral disease:** bleeding gums periodontitis dental abscess mumps stomatitis (inflammation of the mouth) TMJ toothaches without cavities

**General:** insomnia psychosomatic weakness exhaustion emotional problems (anger, irritable, depressed, anxious) difficult concentrating on a task easily get car sick, sea sick, or air sick no appetite for breakfast moody in mornings unusual sweating (palm, sole, or elsewhere) never sweat

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

**Medication and drugs:** Birth control pill cigarettes alcohol cocaine marijuana  
Other: