

Name:	Phone:
Address:	City: Zip:
DOB:	Height: Weight:
Occupation:	
Place of Birth:	
Primary Care Physician:	
Emergency Contact:	

What is the main health issue you would like to address?

Are there any secondary issues to address?

Medical History:

Medical Conditions:	Cancer	Heart Disease	Seizures	Other:
	Thyroid Disease	COPD	Hepatitis	_____
	Hypertension	Diabetes	Stroke	_____

Surgeries: (Please list dates also)

Trauma: (Auto accidents, falls, etc)

Birth Complications: (Your birth – delayed or premature, breech, C-section)

Allergies:

Family Medical History: (Any major diseases)

Medications: Please list with dosages any taken within the last two months.

Vitamins and supplements taken with the last two months:

Do you smoke? _____ If so, how many packs per day? _____

Average caffeine consumption per day or week, including cola, coffee, or tea

Average alcohol consumption per day or week?

What do you do for regular exercise?

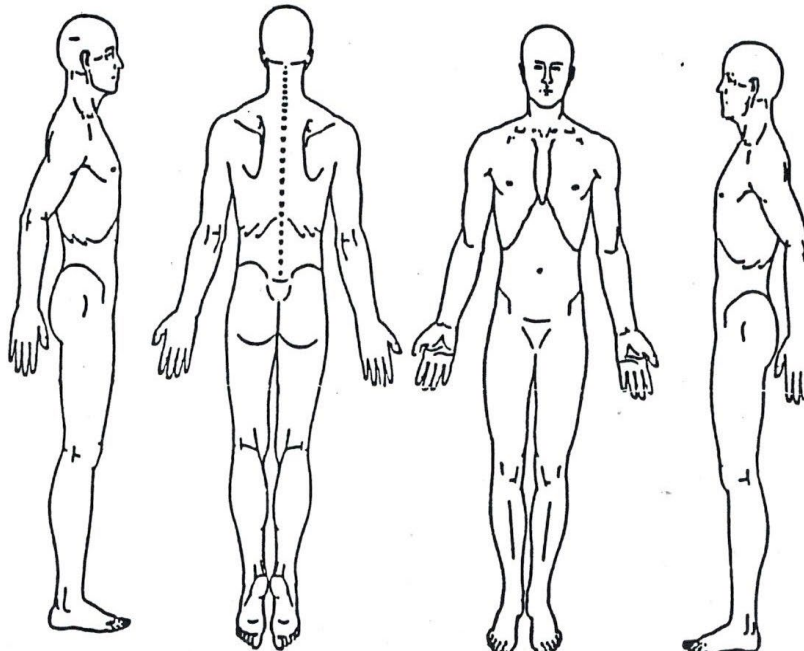
Please describe your daily diet:

Breakfast

Lunch

Dinner

Please indicate any areas of pain or numbness:



Please check any symptoms that you have experienced in the last three months.

Energy

- Physical fatigue
- Mental fatigue
- Sudden drop in energy
- Restlessness
- Hyperactivity
- Poor stamina

Temperature

- Chills
- Fever
- Sweats without exertion
- Night sweats
- Flushes
- Other

Immune system

- Repeated colds
- Colds of 7+ days
- Repeated infections
- Other

Skin and Hair

- Itching
- Rashes
- Hives
- Eczema
- Psoriasis
- Acne
- Change in skin texture
- Recent moles
- Other

Head/Face

- Headaches
- Migraines
- Dizziness
- Vertigo
- Seizures
- Fainting
- Lack of coordination
- Poor balance
- Concussion
- Poor memory
- Poor concentration
- Tics
- Jaw pain

- Teeth grinding
- Other

EENTM

- Ear infection
- Ringing in ears
- Poor hearing
- Change in hearing
- Blurry vision
- Floaters
- Photophobia
- Night blindness
- Change in eyesight
- Conjunctivitis
- Sinus infection
- Sinus congestion
- Nasal discharge
- Nosebleeds
- Sore throat
- Dry throat
- Dry mouth
- Mouth ulcers
- Thrush
- Gum pain
- Gum bleeding
- Teeth problems
- Other

Respiratory

- Asthma
- Shortness of breath
- Cough
- Cough with blood
- Cough with mucus
- Bronchitis
- Pneumonia
- Tuberculosis
- Pain with deep breath
- Other

Cardiovascular

- Chest pain
- Chest congestion
- Palpitations
- Irregular heartbeat
- High blood pressure
- Low blood pressure
- Blood clots

- Pain under ribs
- Cold hands/feet
- Swelling of hands/feet

Appetite, Thirst

- Poor appetite
- Decreased appetite
- Increased appetite
- Cravings
- Strong thirst
- Lack of thirst
- Thirst for warm
- Thirst for cold
- Other

Gastrointestinal

- Nausea
- Vomiting
- Ulcer
- Gastritis
- Acid reflux
- Indigestion
- Hiccoughs
- Belching
- Bloating
- Gas
- Abdominal pain
- Abdominal cramps
- Hernia
- Other

Elimination

- Constipation
- Diarrhea
- Blood in stool
- Hemorrhoids
- Laxative use
- Pain with urination
- Urgency to urinate
- Frequent urination
- Decrease in flow
- Night urination
- Incontinence
- Blood in urine
- Bladder infections
- Kidney stones
- Other

Musculoskeletal

- Neck pain
- Shoulder pain
- Elbow pain
- Hand/wrist pain
- Back pain
- Hip pain
- Knee pain
- Ankle pain
- Foot pain
- General aches
- Muscle weakness
- Muscle cramps
- Neuropathy
- Numbness
- Rheumatoid arthritis
- Osteoarthritis
- Osteoporosis
- Other

Sleep

- Insomnia
- Trouble falling asleep
- Trouble staying asleep
- Nightmares
- Poor quality
- Oversleeping
- Other

Emotional

- Susceptible to stress
- Depression
- Anxiety
- Mood swings
- Other

Reproductive – Men

- Prostatitis
- Impotence
- Premature ejaculation
- Infertility
- Testicular pain
- Other

Reproductive – Women

Menstruation History

- Age at first period
- # of days of flow
- # of days in cycle
- Date of last menses
- Date of last PAP
- Age at menopause

Menstruation

- No periods
- Irregular periods
- Heavy bleeding
- Light bleeding
- Clots
- Fibroids
- Painful periods
- Breast pain
- Physical changes
- Emotional changes
- Other

General

- Vaginal discharge
- Vaginal infections
- Other

Pregnancy

- Number of pregnancies
 - Births
 - Premature births
 - Miscarriages

- Now Pregnant