

# HEALTH HISTORY

Name \_\_\_\_\_ Date \_\_\_\_\_

Occupation \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Sex \_\_\_\_\_ Number of Children \_\_\_\_\_

Marital Status:    Single         Partner         Married         Separated         Divorced         Widow(er)

Are you recovering from a cold or flu? \_\_\_\_\_ Are you pregnant? \_\_\_\_\_

Reason for office visit: \_\_\_\_\_ Date began: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List current health problems for which you are being treated: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What types of therapies have you tried for these problem(s) or to improve your health over-all:

- diet modification    fasting    vitamins/minerals    herbs    homeopathy    chiropractic    acupuncture    conventional drugs  
 other \_\_\_\_\_

Do you experience any of these general symptoms EVERY DAY?

- |  |  |                                   |   |  |
|--|--|-----------------------------------|---|--|
| <input type="checkbox"/> Debilitating fatigue  | <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Constipation         | <input type="checkbox"/> Chronic pain/inflammation |
| <input type="checkbox"/> Depression            | <input type="checkbox"/> Panic attacks       | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Fecal incontinence   | <input type="checkbox"/> Bleeding                  |
| <input type="checkbox"/> Disinterest in sex    | <input type="checkbox"/> Headaches           | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Urinary incontinence | <input type="checkbox"/> Discharge                 |
| <input type="checkbox"/> Disinterest in eating | <input type="checkbox"/> Dizziness           | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Low grade fever      | <input type="checkbox"/> Itching/rash              |

Current medications (prescription or over-the-counter): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Laboratory procedures performed (e.g., stool analysis, blood and urine chemistries, hair analysis): \_\_\_\_\_  
\_\_\_\_\_

Outcome \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Major Hospitalizations, Surgeries, Injuries: Please list all procedures, complications (if any) and dates:

Year	Surgery, Illness, Injury	Outcome
_____	_____	_____
_____	_____	_____
_____	_____	_____

Circle the level of stress you are experiencing on a scale of 1 to 10 (1 being the lowest):    1    2    3    4    5    6    7    8    9    10

Identify the major causes of stress (e.g., changes in job, work, residence or finances, legal problems): \_\_\_\_\_

Do you consider yourself:    underweight         overweight         just right        Your weight today \_\_\_\_\_

Have you had an unintentional weight loss or gain of 10 pounds or more in the last three months? \_\_\_\_\_

Is your job associated with potentially harmful chemicals (e.g., pesticides, radioactivity, solvents) or health and/or life threatening activities (e.g., fireman, etc.)? \_\_\_\_\_  
\_\_\_\_\_

What are your current health goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical History**

- Arthritis
- Allergies/hay fever
- Asthma
- Alcoholism
- Alzheimer's disease
- Autoimmune disease
- Blood pressure problems
- Bronchitis
- Cancer
- Chronic fatigue syndrome
- Carpal tunnel syndrome
- Cholesterol, elevated
- Circulatory problems
- Colitis
- Dental problems
- Depression
- Diabetes
- Diverticular disease
- Drug addiction
- Eating disorder
- Epilepsy
- Emphysema
- Eyes, ears, nose, throat problems
- Environmental sensitivities
- Fibromyalgia
- Food intolerance
- Gastroesophageal reflux disease
- Genetic disorder
- Glaucoma
- Gout
- Heart disease
- Infection, chronic
- Inflammatory bowel disease
- Irritable bowel syndrome
- Kidney or bladder disease
- Learning disabilities
- Liver or gallbladder disease (stones)
- Mental illness
- Mental retardation
- Migraine headaches
- Neurological problems (Parkinson's, paralysis)
- Sinus problems
- Stroke
- Thyroid trouble
- Obesity
- Osteoporosis
- Pneumonia
- Sexually transmitted disease
- Seasonal affective disorder
- Skin problems
- Tuberculosis
- Ulcer
- Urinary tract infection
- Varicose veins
- Other \_\_\_\_\_

**Medical (Men)**

- Benign prostatic hyperplasia
- Prostate cancer

- Decreased sex drive
- Infertility
- Sexually transmitted disease
- Other \_\_\_\_\_

**Medical (Women)**

- Menstrual irregularities
- Endometriosis
- Infertility
- Fibrocystic breasts
- Fibroids/ovarian cysts
- Premenstrual syndrome (PMS)
- Breast cancer
- Pelvic inflammatory disease
- Vaginal infections
- Decreased sex drive
- Sexually transmitted disease
- Other \_\_\_\_\_
- Date of last GYN exam \_\_\_\_\_
- Mammogram  +  -
- PAP  +  -
- Form of birth control \_\_\_\_\_
- # of children \_\_\_\_\_
- # of pregnancies \_\_\_\_\_
- C-section \_\_\_\_\_
- Age of first period \_\_\_\_\_
- Date - last menstrual cycle \_\_\_\_\_
- Length of cycle \_\_\_\_\_ days
- Interval of time between cycles \_\_\_\_\_ days
- Any recent changes in normal menstrual flow (e.g., heavier, large clots, scanty) \_\_\_\_\_
- Surgical menopause
- Menopause

**Family Health History (Parents and Siblings)**

- Arthritis
- Asthma
- Alcoholism
- Alzheimer's disease
- Cancer
- Depression
- Diabetes
- Drug addiction
- Eating disorder
- Genetic disorder
- Glaucoma
- Heart disease
- Infertility
- Learning disabilities
- Mental illness
- Mental retardation
- Migraine headaches
- Neurological disorders (Parkinson's, paralysis)
- Obesity
- Osteoporosis
- Stroke
- Suicide
- Other \_\_\_\_\_

**Health Habits**

- Tobacco:
- Cigarettes: #/day \_\_\_\_\_
- Cigars: #/day \_\_\_\_\_
- Alcohol:
- Wine: #glasses/d or wk \_\_\_\_\_
- Liquor: #ounces/d or wk \_\_\_\_\_
- Beer: #glasses/d or wk \_\_\_\_\_
- Caffeine:
- Coffee: #6 oz cups/d \_\_\_\_\_
- Tea: #6 oz cups/d \_\_\_\_\_
- Soda w/caffeine: #cans/d \_\_\_\_\_
- Other sources \_\_\_\_\_
- Water: #glasses/d \_\_\_\_\_

**Exercise**

- 5-7 days per week
- 3-4 days per week
- 1-2 days per week
- 45 minutes or more duration per workout
- 30-45 minutes duration per workout
- Less than 30 minutes
- Walk - #days/wk \_\_\_\_\_
- Run, jog, other aerobic - #days/wk \_\_\_\_\_
- Weight lift - #days/wk \_\_\_\_\_
- Stretch - #days/wk \_\_\_\_\_
- Other \_\_\_\_\_

**Nutrition & Diet**

- Mixed food diet (animal and vegetable sources)
- Vegetarian
- Vegan
- Salt restriction
- Fat restriction
- Starch/carbohydrate restriction
- The Zone Diet
- Total calorie restriction
- Specific food restrictions:
- dairy  wheat  eggs
- soy  corn  all gluten
- Other \_\_\_\_\_

**Food Frequency**

- Number of servings per day:
- Fruits (citrus, melons, etc.) \_\_\_\_\_
- Dark green or deep yellow/orange vegetables \_\_\_\_\_
- Grains (unprocessed) \_\_\_\_\_
- Beans, peas, legumes \_\_\_\_\_
- Dairy, eggs \_\_\_\_\_
- Meat, poultry, fish \_\_\_\_\_

**Eating Habits**

- Skip meals - which ones \_\_\_\_\_
- One meal/day
- Two meals/day
- Three meals/day
- Graze (small frequent meals)
- Generally eat on the run
- Eat constantly whether hungry or not

**Current Supplements**

- Multivitamin/mineral
- Vitamin C
- Vitamin E
- EPA/DHA
- Evening Primrose/GLA
- Calcium, source \_\_\_\_\_
- Magnesium
- Zinc
- Minerals, describe \_\_\_\_\_
- Friendly flora (acidophilus)
- Digestive enzymes
- Amino acids
- CoQ10
- Antioxidants (e.g., lutein, resveratrol, etc.)
- Herbs
- Homeopathy
- Protein shakes
- Superfoods (e.g., bee pollen, phytonutrient blends)
- Liquid meals (Ensure)
- Others \_\_\_\_\_

**I Would Like To:**

- ENERGY - VITALITY
- Feel more vital
- Have more energy
- Have more endurance
- Be less tired after lunch
- Sleep better
- Be free of pain
- Get less colds and flu
- Get rid of allergies
- Not be dependent on over-the-counter medications like aspirin, ibuprofen, anti-histamines, sleeping aids, etc.
- Stop using laxatives and stool softeners
- Improve sex drive
- BODY COMPOSITION
- Loose weight
- Burn more body fat
- Be stronger
- Have better muscle tone
- Be more flexible
- STRESS, MENTAL, EMOTIONAL
- Learn how to reduce stress
- Think more clearly and be more-focused
- Improve memory
- Be less depressed
- Be less moody
- Be less indecisive
- Feel more motivated
- LIFE ENRICHMENT
- Reduce my risk of degenerative disease
- Slow down accelerated aging
- Maintain a healthier life longer
- Change from a "treating-illness" orientation to creating a wellness lifestyle

**NUTRITION & IMMUNE STATUS**

Physical assessment of common markers of malnutrition, maldigestion, malabsorption, hypermetabolic stress syndrome and protein calorie malnutrition. Exam to be conducted by a healthcare professional.

**General Appearance:**

- Undernourished, skinny (especially the temporal muscles)

**Hair:**

- Dull, dry
- Thin, fine, straight
- Easily plucked
- Areas of lighter or darker spots
- Hair loss

**Face:**

- Pale complexion
- Generalized swelling
- Dark areas on cheeks
- Dark circles under eyes
- Lumpy or flaky skin around the nose and mouth
- Enlarged parotid glands

**Eyes:**

- Difficulty adjusting to the dark
- Dull appearance
- Dry and either pale or red membranes
- Triangular, shiny gray spots on conjunctivas
- Red and fissured eyelid corners
- Bloodshot ring around cornea

**Lips:**

- Red and swollen, especially at corners
- Cheilosis (fissures and chapping of lips)

**Tongue:**

- Swollen
- Purple and raw-looking with sores and abnormal papillae

**Teeth:**

- Missing, or emerging abnormally
- Visible cavities or dark spots
- Bleeding gums

**Nails:**

- Spoon-shaped
- Brittle
- Ridged

**Neck:**

- Swollen thyroid gland

**Skin:**

- Dry, flaky
- Swollen, with lighter and darker spots, some resembling bruises
- Tight and drawn, with poor turgor (elasticity)
- Dermatitis
- Retarded wound healing
- Skin lesions

**Smell and Taste:**

- Partial loss of taste
- Partial loss of smell

**Musculoskeletal System:**

- Muscle wasting
- Muscle weakness
- Muscle atrophy
- Knock-knee or bowlegs
- Bumps on ribs
- Swollen joints
- Musculoskeletal hemorrhages
- Stunted growth, loss of height
- Dowager's hump
- Tetany (muscle twitches and/or cramps)

**Cardiovascular System:**

- Heart rate above 100 beats/minute
- Arrhythmias
- Elevated blood pressure

**Abdomen:**

- Enlarged liver and spleen

**Reproductive System:**

- Decreased libido
- Amenorrhea
- Retarded development of the reproductive system

**Nervous System:**

- Irritability
- Mental confusion
- Abnormal behavior
- Depression
- Paresthesias (tingling) in hands and feet
- Loss of proprioception (unable to maintain balance with eyes closed)
- Decreased ankle and knee reflexes
- Paralysis (no spinal cord injury)
- Tremor

**Consider blood deficiency (pernicious anemia) with the following clinical picture:**

- Considerable weight loss without apparent cause
- Burning tongue
- General weakness, malaise and fatigue
- Numbness and tingling in the extremities
- Alternating constipation and diarrhea
- Abdominal pain
- Nausea and vomiting
- Bleeding gums
- Ataxia (incoordination and irregularity of voluntary, purposeful movements)
- Diplopia (double vision) and blurred vision
- Irritability
- Headache

**Ethnic Background:**

- White (non-Hispanic origin)
- Hispanic
- African American
- Asian
- Pacific Islander
- Native North American
- East Indian