



Functional Medicine Timeline

This is one of the essential tools in Functional Medicine to help us understand your health condition, explain why the condition occurs and to find the root cause of the disease. Kindly answer the following information as honest and as accurate as possible.

Note: Collecting personal information such as gender, religion, complete address, civil status, and other relevant demographics is crucial in the context of medical consultations and implementing holistic advice. Understanding these aspects allows healthcare providers to tailor their approach, ensuring that treatment plans are not only medically sound but also culturally sensitive and aligned with the personal values and beliefs of each patient. For example, gender and cultural background can influence health risks and preferences, while civil status might affect a patient's support system and emotional well-being. By gathering this information, we can create a more comprehensive picture of each patient's unique circumstances, enabling us to offer personalized holistic advice that addresses not only physical health but also mental, emotional, and social factors. Rest assured that all information shared will remain confidential and will be used solely to enhance the quality of care and support we provide. Your participation is vital in helping us deliver a more effective and compassionate healthcare experience.

1. Date_____

2. Name_____

3. Age_____

4. Date of Birth_____

5. Gender

Female_____

Male_____

Prefer not to say_____

6. Civil Status

Single_____

Married_____

Divorced/Separated_____

Widowed_____

7. Email_____

8. Address_____

9. Contact Number_____

Genetic Background

African_____

American_____

Native American_____

Hispanic_____

Caucasian_____

Mediterranean_____

Northern European _____
Asian _____
Other _____

11. Faith, Spirituality or Religion _____

12. Emergency Contact _____

13. Relationship _____

14. Emergency Contact Number _____

15. How did you hear about our practice?

Clinic website _____

Social media _____

IFM/FMU Website _____

Referral from a doctor _____

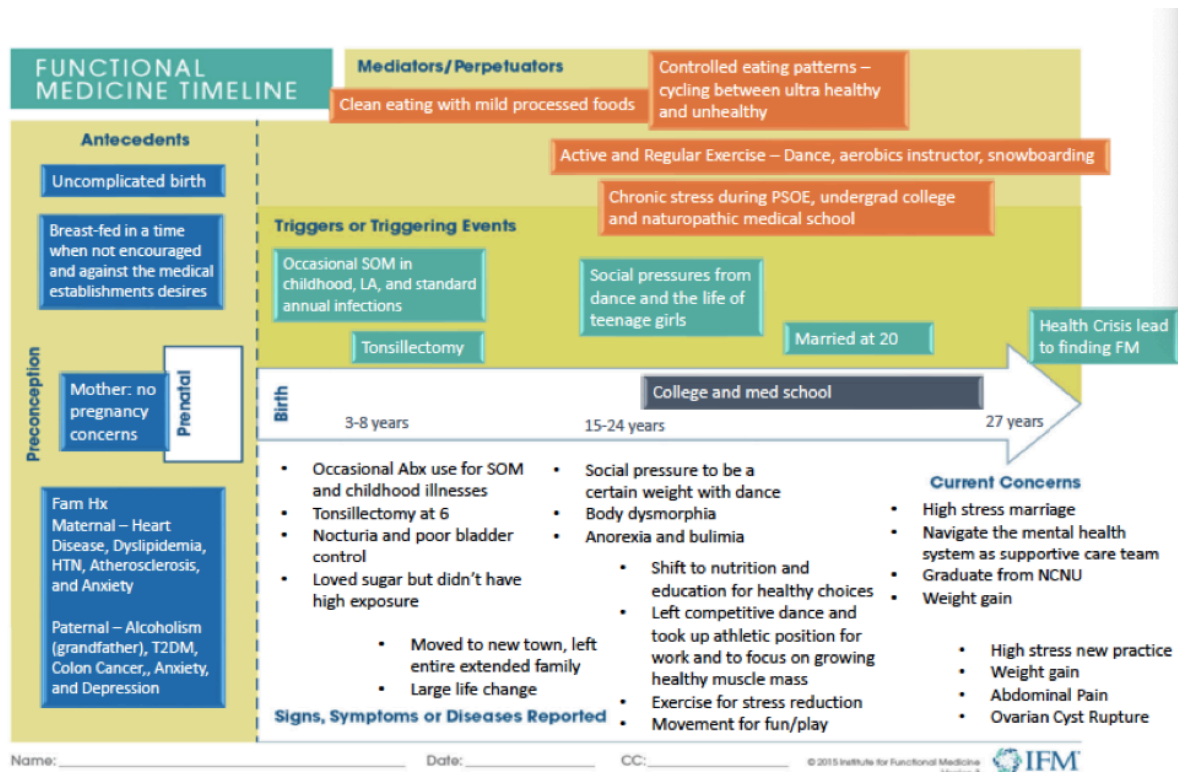
Referral from friend/family member _____

Other _____

Creating Your Own Timeline (Prior to Birth up to the Present Time)

We believe in 4 C's in Functional medicine that what happened in the past does not mean irrelevant but instead they were **Contributory, Correlated, Causative, & Confirmatory** which connects to the present problem. Kindly refer to the image below to illustrate the Functional medicine timeline.

Sample Timeline. Take a moment to study the details.



Before Birth and at Birth

16. Preconception is the time before conception (the beginning of pregnancy). Parents may consider preconception care to help ensure a healthy pregnancy and delivery. Are both your parents ready and healthy? Are they taking already prenatal vitamins? Any unplanned pregnancy?

17. Prenatal period is the health care your mother get while she was pregnant. Provide information about doctor's visit, prenatal vitamins, illnesses, medication, hospitalization, ultrasound findings, stress, vices, and diet & lifestyle if known.

18. Your Birth History. Provide the following: home/hospital, vaginal birth/CS, reason for CS, term/pre-term, birth weight, duration of labor, birth complications, any resuscitation, etc. if known.

Infancy Period (0 to 1 yo)

19. Breastfeeding history (from what age to what age). Any problem with lactation.

20. Formula milk feeding (from what age to what age). Any problem with formula?

21. Solid feeding (what age it was introduced and what type of food). Any feeding problem/ reactions?

22. Vitamins/Supplements Given _____

23. Medical, Hospitalization, Allergies, Environmental exposure, Injury or Surgical history during the period **(0-1yo)**. Include the year or age. Also comment about infection and antibiotic exposure

24. Immunization History **(0-1yo)**. Were you able to receive all the vaccines on time? BCG (1 dose), Hep B (3 doses), DTAP (5 doses), Hib (4 doses), IPV (5 doses), Oral Polio (3 doses), Pneumonia (3 doses), Rotavirus (1), Flu (starts at 6 months then yearly)

25. Growth and Development (0-1yo). Were you reaching your milestones as with normal infant? First raised head, and clasp hands at 3 months , rolled over, reach for objects, turn t voices, sat alone at 6 months, pulled up, walked with help at 7-12 months; language--cooing months, babbling at 6 months. Include weight and height (or physical growth) history if known

NOTE

The next sections are divided into age group or life stages. Skip certain section if it does not apply to you or you have not yet reached that stage of life yet.

Toddler (1 to 4 yo) and Pre-School (4 to 5 yo)

26. Medical, Hospitalization, Allergies, Environmental exposure, Injury or Surgical history during the period **(1-5yo)**. Include the year or age. Also comment about infection and antibiotic exposure.

27. Nutrition and Feeding history **(1-5yo)**. Picky eater?_____

28. Vitamins/Supplements **(1-5yo)**_____

29. Immunization History **(1-5yo)**. Did you receive vaccines after 1?Flu (yearly), Japanese Encephalitis V (1 dose), MMRV (2 doses)

30. Growth and Development **(1-5yo)**. Were you reaching your milestones as with normal toddler Walked alone at 1 yo to 15 months, scribbles fleetingly at 18 months/1 yr 6 months, run well and imitates line by 2 years, pedal a tricycle and jump around by 3 years, draws and copies circles by 4 years; Language-- talked 1 to 3 words by 1 year, 2-3 words by 2 years, converses well, asks "why" repeatedly, sing a song at 3 years, forms complex sentences at 4 years. Incl weight and height (or physical growth) history if known

31. Behavior/Functional Pattern **(1-5yo)**. Provide information of bonding, attachment, trust to caregivers, temperaments, urinary continence (bedwetting), control of feces, unusual behavior such as thumb sucking, excessive masturbation, severe and frequent temper tantrums, negativism; sleep pattern, phobias, pica (craving to eat, things that are not food)

32. Dental or Oral Health--dental fillings, tooth extraction/procedures, cavities/carries, hygiene, dentist visit during this period **(1-5yo)**

Grade School (6 to 12 yo)

Grade 1 (6-7yo), Grade 2 (7-8yo), Grade 3 (8-9yo), Grade 4 (9-10yo), Grade 5 (10-11yo), Grade 6 (11-12yo)

33. Medical, Hospitalization, Allergies, Environmental exposure, Injury or Surgical history during the period **(6-12yo)**. Include the year or age. Also comment about infection and antibiotic exposure.

34. Immunization if relevant **(6-12yo)**. HPV series (3 doses), Hep A (2 doses)/Hepa B, Flu (yearl Td/Tdap (adolescent)

35. Diet and Nutrition **(6-12yo)**. Include info about weight and eating patterns.

36. Sleep History **(6-12yo)**

37. Physical activity or Exercise History **(6-12yo)**

38. Stressors, trauma or relationship problems in the family **(6-12yo)**

39. Academic performance and experiences **(6-12yo)**

40. Puberty History **(6-12yo)**. Comment on first age of menstruation, duration, interval, flow, irregularities, & painful period (for female). Physical changes including acne and treatment.

41. Dental or Oral Health--dental fillings, tooth extraction/procedures, cavities/carries, hygiene, dentist visit **(6-12yo)**

High School Year (12 to 16yo)

1st year (12 -13yo), 2nd year (13-14yo), 3rd year (14-15yo), 4th year (15-16yo)

42. Medical, Hospitalization, Allergies, Environmental exposure, Injury or Surgical history during the period **(12-16yo)**. Include the year or age. Also comment about infection and antibiotic exposure.

43. Immunization if relevant **(12-16yo)**. HPV series (3 doses), Hep A (2 doses)/Hepa B, Flu (year Td/Tdap (adolescent)

44. Diet and Nutrition **(12-16yo)**. Include info about weight and eating patterns.

45. Sleep History **(12-16yo)**

46. Physical activity or Exercise History **(12-16yo)**

47. Substance Use (Smoking, Alcohol, Illicit Drugs) **(12-16yo)**. Provide info about start and up to what age of usage, amount, frequency, type, quit attempt, complications & intervention.

48. Stressors, trauma, relationship problems in the family, crush/dating/past romantic relationship or experiences **(12-16yo)**

49. Academic performance and experiences **(12-16yo)**

50. Work or job experience if relevant **(12-16yo)**. Include the date.

51. Menstruation History for Women **(12-16yo)**. Include duration, interval, flow, irregularities, painful period and use of hormonal pills

52. Dental or Oral Health--dental fillings, tooth extraction/procedures, cavities/carries, hygiene, dentist visit **(12-16yo)**

College Years (16 to 20 yo)

1st year (16-17yo), 2nd year (17-18yo), 3rd year (18-19yo), 4th year (19-20yo)

53. Medical, Hospitalization, Allergies, Environmental exposure, Injury or Surgical history during the period **(16-20yo)**. Include the year or age. Also comment about infection and antibiotic exposure.

54. Immunization if relevant **(16-20yo)**. HPV series (3 doses), Hep A (2 doses)/ Hepa B, Flu (yearly) , Tetanus

55. Diet and Nutrition **(16-20yo)**. Include info about weight and eating patterns.

56. Sleep History **(16-20yo)**

57. Physical activity or Exercise History **(16-20yo)**

58. Substance Use **(16-20yo)** (Smoking, Alcohol, Illicit Drugs). Provide info about start and up to what age of usage, amount, frequency, type, quit attempt, complications & intervention.

59. Stressors, trauma, relationship problems in the family, crush/dating/past romantic relationship or experiences **(16-20yo)**

60. What course or program did you take up? Include academic performance and experiences **(16-20yo)**

61. Work or job experience if relevant **(16-20yo)**. Include the date.

62. Menstruation History for Women **(16-20yo)**. Include duration, interval, flow, irregularities, painful period and use of hormonal pills/contraception

63. Dental or Oral Health--dental fillings, tooth extraction/procedures, cavities/carries, hygiene, dentist visit **(16-20yo)**

Post-Grad/College and Beyond (>20yo to present)

64. Medical, Hospitalization, Allergies, Environmental exposure, Injury or Surgical history during the period **(Age >20yo)**. Include the year or age. Also comment about infection and antibiotic exposure.

65. Immunization if relevant **(Age >20yo)**. HPV series (3 doses), Tetanus, Hepa B, Flu (yearly), Shingles, Pneumonia

66. Diet and Nutrition **(Age >20yo)**. Include info about weight and eating patterns.

67. Sleep History **(Age >20yo)**

68. Physical activity or Exercise History **(Age >20yo)**

69. Substance Use **(Age >20yo)** (Smoking, Alcohol, Illicit Drugs). Provide info about start and up what age of usage, amount, frequency, type, quit attempt, complications & intervention.

70. Stressors, trauma, relationship problems in the family, crush/dating/past romantic relationship or experiences **(Age >20yo)**

71. Age of Marriage (if applicable)_____

72. Pregnancy History (for women). Include number of pregnancy, abortion/miscarriage (if applicable), what year, outcome (maturity, vaginal/CS and reason, conditions during pregnancy complications, etc)

73. Menstruation History for Women **(Age >20yo)**. Include last menstrual period, duration, interval flow, irregularities, painful period and use of hormonal pills/contraception

74. Age of Menopause (for women on middle age). Skip if not applicable

75. What course or program did you take up **(Age >20yo)**? Include academic performance and experiences (if still studying)

76. Work or job experience if relevant **(Age >20yo)**. Include the date.

77. Dental or Oral Health--dental fillings, tooth extraction/procedures, cavities/carries, hygiene, dentist visit **(Age >20yo)**

Present or Current Illness/Symptoms/Diagnosis

78. Describe your current problem/illness/symptoms here including start or date of onset, duration interventions/medications, outcomes/result and diagnostics/lab test done.

Antecedents, Triggers & Mediators (ATM)

79. Antecedents are factors, genetic or acquired, that predispose an individual to a disease, diagnosis, or dysfunction. List down the illnesses/diseases that runs in your family (i.e. pare siblings, uncle/aunt, grandparents). Include the age that they got the diagnosis or age of death as a result of the disease (if applicable). As mentioned, it can also be acquired. For example: **poor nutrition, insufficient sleep, sedentarism, stress, isolation and loneliness.**

80. Triggers are episodic exposures, factors, or life events that immediately provoke(d) the symptoms and signs of the conditions. List down the possible triggers of your current illness For example: **dust, smoke, pollens or after a stressful divorce or pregnancy**

81. Mediators are current and ongoing biochemical, environmental, lifestyle, or psychosocial factors that contribute to physiological dysfunction, perpetuate the medical condition, and prevent the restoration of health. In other words, factors that are excessive or deficient in your life. For example: **excess body weight, stress, processed foods or lack of sleep, exercise, nutritious food, vitamins/minerals, sunlight or access to healthcare**

Mental, Emotional and Spiritual

82. Describe your mental, emotional and spiritual health

Family History

83. List all the illnesses or diagnosis that are present in the family (i.e. mother, father, aunt, uncle grandparents, cousins). Please specify the age of the diagnosis and age of death if relevant.

Readiness Assessment

Rate on a scale of 5 (very willing) to 1 (not willing) to improve your health

84. Significantly modify your diet_____

85. Take several nutritional supplements each day_____

86. Keep a record of everything you eat each day_____

87. Modify your lifestyle (e.g. work demands, sleep habits)_____

89. Engage in regular exercise_____

90. Rate on a scale of 5 (very confident) to 1 (not confident at all)_____

91. If you are not confident of your ability, what aspects of yourself or your life lead you to question your capacity to follow through?

92. Rate on a scale of 5 (very supportive) to 1 (very unsupportive)_____

93. Rate on a scale of 5 (very frequent contact) to 1 (very infrequent contact)_____

Health Goals

94. What do you hope to achieve in your visit with us?

95. When was the last time you felt well? _____

96. Did something trigger your change in health?

97. What makes you feel better?

98. What makes you feel worse?

99. How does your condition affect you?

100. What do you think is happening and why?

101. What do you feel needs to happen for you to get better? If you have a magic wand what are three things you would like to change or erase?
