Patient Health History

Northwest Integrative Medicine
Geoffrey Lecovin, ND DC LAc
284 Central Way ~ Kirkland, WA 98033
Office: 425-999-4484 ~ Fax: 425-999-4484

Date: _____

Name: _____ Date of Birth: _____ Gender: ☐ M ☐ F
Last First Initial

Current Health Problems	Current Medications/Supplements	Drug Allergies
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.

List other doctors/health professionals:

List Surgeries/Accidents/Injuries/Hospitalizations & Date
(Including motor vehicle accidents or On-the-Job Injuries)

1.
2.
3.
4.
5.

Do you have any scars? If so, where?

Self or Family History of Disease (indicate self or family member)

Asthma:	☐ ☐	Thyroid:	☐ ☐
Arthritis:	☐ ☐	Stroke:	☐ ☐
Cancer:	☐ ☐	Tuberculosis:	☐ ☐
Diabetes:	☐ ☐	Parkinson's	☐ ☐
Epilepsy/Seizures:	☐ ☐	Alzheimer's:	☐ ☐
Heart Disease:	☐ ☐	Multiple Sclerosis:	☐ ☐
High Blood Pressure:	☐ ☐	Other:	
Mental Illness/Depression:	☐ ☐		

Describe past dental work:

List past immunizations:

List past significant illness(es):

Lifestyle/Diet (type/amount/frequency)

Smoke:
Exercise:
Caffeine / Soda Pop:
Alcohol:
Quality of Sleep: ☐ Good ☐ Moderate ☐ Bad
Overall Stress Level: ☐ Low ☐ Moderate ☐ High

List foods you eat for:

Breakfast:

Lunch:

Dinner:

Snacks:

List any known allergies or sensitivities
(food and/or environmental):

Have you ever been on any medication for more than a week
(If so, describe):

General:

- ☐ Alcoholism
- ☐ Anemia
- ☐ Cancer
- ☐ High Cholesterol
- ☐ Diabetes
- ☐ Epilepsy / Seizures
- ☐ Thyroid
- ☐ Gout
- ☐ Hypoglycemia
- ☐ Multiple Sclerosis
- ☐ Osteoarthritis
- ☐ Parkinson's Disease
- ☐ Pneumonia
- ☐ Rheumatic Fever
- ☐ Rheumatoid Arthritis
- ☐ Depression
- ☐ Tuberculosis
- ☐ Ulcers
- ☐ Sexually Transmitted Infection
- ☐ Skin Problems

Resistance to Infection:

- ☐ Catch colds easily
- ☐ Gum bleed easily
- ☐ Frequent sinus trouble
- ☐ Frequent influenza

Gastrointestinal:

- ☐ Gall bladder problems
- ☐ Nausea
- ☐ Hiatal Hernia
- ☐ Pain over stomach
- ☐ Heartburn
- ☐ Colitis
- ☐ Distress from fats or greasy foods
- ☐ Mucus in Stool
- ☐ Excessive thirst
- ☐ Blood in Stool
- ☐ Burping or bloating, If bloating where? _____
- ☐ Liver trouble / Hepatitis
- ☐ Diarrhea
- ☐ Vomiting

Cardiovascular:

- ☐ Pain over heart
- ☐ Heart attack
- ☐ Swelling in ankles
- ☐ Irregular heart beat
- ☐ High blood pressure
- ☐ Shortness of breath on exertion
- ☐ Low blood pressure
- ☐ Stroke
- ☐ Pressure over chest

Nervous System:

- ☐ Dizziness / light headed
- ☐ Fainting
- ☐ Discoordination
- ☐ Memory loss
- ☐ Strength or sensation loss

Eye, Ear, Nose and Throat:

- ☐ Vision problems
- ☐ Hearing loss
- ☐ Ear Pain
- ☐ Ear noises
- ☐ Hoarseness
- ☐ Dental problems
- ☐ Nose Bleeding
- ☐ Difficult breathing through nose
- ☐ Sore throat
- ☐ Difficult speech

Musculoskeletal:

- ☐ Neck Pain
- ☐ Low back pain
- ☐ Joint Pain (describe below)

Urinary Track:

- ☐ Blood in urine
- ☐ Inability to control urination
- ☐ Painful urination
- ☐ Bladder infection
- ☐ Kidney Stones

Respiratory:

- ☐ Chest pain
- ☐ Spitting up blood
- ☐ Difficulty breathing
- ☐ Shortness of breath
- ☐ Chronic cough
- ☐ Spitting up phlegm
- ☐ Emphysema
- ☐ Asthma

Women Only:

- ☐ Irregular periods
- ☐ Menstrual cramps
- ☐ Spotting
- ☐ Excessive flow
- ☐ Headaches with period
- ☐ Painful breasts
- ☐ Lumps in breast
- ☐ Mastectomy
- ☐ Premenstrual depression
- ☐ Vaginal discharge
- ☐ Menopausal symptoms
- ☐ Hot flashes
- ☐ Nausea
- ☐ Hysterectomy

Men Only:

- ☐ Burning on urination
- ☐ Difficulty starting urine
- ☐ Need to get up at night to urinate
- ☐ Dripping after urination
- ☐ Prostate trouble

Blood Sugar:

- ☐ Irritable before meals
- ☐ *"Light-headed"* if meals delayed
- ☐ Heart palpitates if meals are missed
- ☐ Moods of depression "blues" or melancholy
- ☐ Get "shaky" if hungry
- ☐ Fatigue – eating relieves
- ☐ Awaken after few hours of sleep, hard to get back to sleep
- ☐ Abnormal craving for sweets or snacks