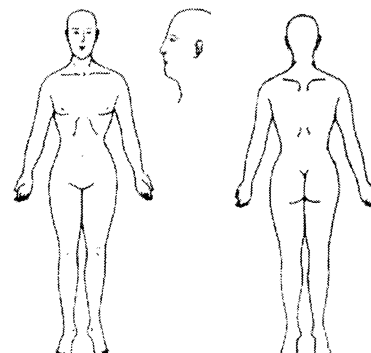


Confidential Health History

Please PRINT and fill in completely

List your main health complaints that you would like help with:

Mark an X on the picture where
you have pain or symptoms:



Please check if any of the following statements are true:

- I have known allergies
- I have a pacemaker
- I am taking Coumadin/Warfarin/Plavix
- I am taking lithium (Eskalith, Lithobid, Lithonate, Lithotabs)
- I am pregnant

List any allergies and/or food sensitivities that you have:

PERSONAL HEALTH HISTORY:

Check if you have experienced any of the following:

- | | |
|---------------------------|--------------------------------|
| Allergies | Infectious Disease |
| Blood Disorders | Immune Disorder |
| Cancer or tumors | Respiratory Disorder |
| Diabetes | Rheumatic Fever |
| Emotional Disorder | Seizures/Epilepsy |
| Hemophilia | Sexually Transmitted Infection |
| Hepatitis | Stroke |
| High / Low Blood Pressure | Tuberculosis |
| HIV | Other _____ |
| None of the above | |

List any significant illness, surgery, or hospitalizations you have had:

List any medications / supplements / herbs that you are currently taking:

List exercises you normally do and how often:
