YOUR VITALITY TIMELINE

FAMILY HISTORY	☐ Brain Problems ☐ Heart Problems ☐ Autoimmune Problems		Mothers Health Befo	oor Smoker
YOUR BIRTH	☐ Vaginal ☐ C/section ☐ Full term	☐ Full term ☐ Premature	# of months	NICU entibiotics at birth creast fed
 Age of first antibiotic: # of Antibiotic Courses to date, a # of Antibiotic Courses for more than 1 month: Toxin Exposures:	stry	THE AGE YOU LAST FELT WELL:	concerns. Note whe when they became r	milestone related to current n symptoms first began and narkedly worse (how old you that worsened or what new). Age: Worsening/New Sx Age: Worsening/New Sx
TRIGGERS OR TRIGGERING EVENT List age and major stressors (e.g. move, divorce, work stress, traun infection, etc.) that occurred 1-2 y prior to major milestones:	na,			
CURRENT CONCERNS	3			

_____ Date _____

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