

Medical History

Date: _____

This Information is essential for the diagnosis procedure and helps us to provide you with a better treatment. Please fill out as accurately you can.

THIS INFORMATION IS CONFIDENTIAL

Name: _____ Referred By: _____

Address: _____ City _____ State _____ Zip _____

Home Phone: () _____ W. Phone: () _____

E-Mail: _____

Birth date: _____ Height: _____ Weight: _____

Describe your principle complaint? _____

What has been diagnosed (By M.D.)? _____

Any problems during your birth? _____

Vaccination history: Any reactions that you remember? Any unusual vaccinations?

Childhood Illnesses: Any surgery or accidents?

Age: _____

Age: _____

Adolescence Illnesses: Any surgery or accidents?

Age: _____

Age: _____

Adulthood: Any surgery or accidents?

Age: _____

Family history: Please note all major illnesses in your immediate family, like diabetes, heart disease, blood pressure, neurological disorders, psychological disorders, blood disorders, orthopedic disorders etc.

Are you taking any medication? Please note all medication, herbs, vitamins, and minerals you take even if you take them only occasionally.

Do you have any scars? Note location of all operation or injury scars (even minor ones)

Name: _____

Date: _____

Symptom list

Circle any problem, disease, or symptom you have now Underline items that affected you in the past

Skin: eczema acne skin rashes dermatitis furuncles fungal infections warts psoriasis

Heart and vascular: Fast pulse (over 100 beats/min.) slow pulse (less than 60 beats/min.) palpitation irregular pulse feeling of pressure in the chest short of breath chest pain dizziness migraine headache with nausea cold hands/cold feet Raynaud's disease flushed face anemia high blood pressure low blood pressure cold sweats red face feel dizzy or faint when standing up quickly or standing for a long time

Gastrointestinal: constipation diarrhea no appetite stomach pain indigestion heartburn intestinal gas belching ulcer gastritis lack of stomach acid hemorrhoids ileocecal valve spasm peritonitis pancreatitis irritable bowel polyps GI tumors

Respiratory: asthma bronchitis emphysema cough wheeze pneumonia lung abscess

Hormonal imbalance: low thyroid overactive thyroid diabetes hypoglycemia blood sugar imbalance
Other hormone imbalance _____

Male: impotence premature ejaculation prostate gland problem vasectomy infertility low libido

Female: menstrual problems cramping heavy/light/irregular periods PMS emotional reactions menopause symptoms tubal ligation infertility low libido

Autoimmune and inflammatory conditions: Hashimoto's disease (thyroid) rheumatism systemic lupus erythematosus colitis Crohn's disease alopecia (baldness) allergy food allergy atopic dermatitis neurodermatitis cellulitis sinus allergy vulvitis low immune system
Effects of focal infections: rheumatic disease rheumatic fever arthritis skin disease
Connective tissue or ligament diseases: Myofascial pain syndrome fibromyalgia tendinitis ligaments pericarditis constant slight fever glomerulonephritis plantar fasciitis scarlet fever ear infections streptococci infections staphylococci infections easily catch cold or sore throat swollen glands

Ear, nose & throat: deafness tinnitus (ringing in the ear) itchy ear ear pain frequent ear infections sinus head aches yellow mucus stuffy nose post-nasal-drip dry throat itchy throat constant sinus congestion streptococci throat infections sore throat

Oral disease: bleeding gums periodontitis dental abscess mumps stomatitis (inflammation of the mouth) TMJ toothaches without cavities.

General: insomnia psychosomatic weakness exhaustion emotional problems (angry, irritable, depressed, anxious) difficult concentrating on a task easily get car sick, sea sick, or air sick no appetite for breakfast moody in mornings unusual sweating (palm, sole, or elsewhere) never sweat
Before noon time: no energy feel spacey, scattered minded energetic all evening through midnight, but hate to wake up early in the morning long shower or bath makes you feel dizzy or faint.

Medication and drugs: Birth control pill cigarettes alcohol cocaine marijuana

Other: