



Cancer \_\_\_\_\_  
 Diabetes \_\_\_\_\_  
 Epilepsy/seizure \_\_\_\_\_  
 Heart disease \_\_\_\_\_  
 Skin disease \_\_\_\_\_  
 Endocrine/hormonal imbalance \_\_\_\_\_

Stroke \_\_\_\_\_  
 Thyroid Disease \_\_\_\_\_  
 Tuberculosis \_\_\_\_\_  
 Gastro intestinal disease \_\_\_\_\_  
 Syphilis \_\_\_\_\_  
 Gonorrhea \_\_\_\_\_

### Past History of Personal Medical Problems and Illnesses

List all surgery and approximate dates

Other hospitalizations and dates

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Broken Bones and/or traumatic injuries  
 (Include all car accidents/concussions)

Current health concerns  
 ex: high blood pressure for 10 yrs

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Acne	Epstien/barr/mono	Periodontal disease
AIDS	Fibrocystic breasts	Phlebitis
Alcohol/drug	Fibroids	Pneumonia
Amalgams/silver fillings	Gallbladder	Premenstrual tension
Anemia	Glaucoma	Prostate
Antibiotics more than once a yr	Gonorrhea	Vaccination reaction
Anorexia	Gout	Rheumatic fever
Anxiety	Hay fever	Root canal
Arteriosclerosis	Heart attack	Scarlet fever
Arthritis	Heart failure	Sexually transmitted disease
Asthma	Hemorrhoids	Sinusitis
Back pain/strain	Hepatitis	Skin problem
Bladder infections	Herpes	Sleep disorder
Blood clots	Hiatal hernia	Stroke
Breast lump	High blood pressure	Suicide attempt
Bronchitis	High cholesterol/triglycerides	Syphilis
Bulimia	Hives	Steroids
Cancer	Hypoglycemia	Thyroid problem
Cataract	Insomnia	Tonsillitis
Chemical sensitivity	Kidney infection	Tooth problems
Chicken pox	Kidney stones	Tuberculosis
Chronic fatigue	Kidney problem	Urine problem
Colds, frequent	Liver disease	Vaginitis
Colitis	Menstrual problems	Vision problem
Congenital defect	Mental illness	Warts
Counseling	Migraine	Other problems
Depression	Nervous conditions	
Diabetes	Neurological problem	
Ear infection	Overweight (20 lbs)	
Eczema	Panic attacks	
Endometriosis	Pelvic infection	
Epilepsy	Peptic ulcer	

## Review of Symptoms

Please mark if you have had these symptoms in the last two years

Chronic fatigue	Chronic cough	Abdominal pain
Mood swings	Bloody/yellow sputum	Change in diet
Chronic depression	Shortness of breath	Pain/burning urination
Trembling episodes	Shortness of breath	Frequent urination
Lightheadedness	With exertion	Urination at night
Food craving	At night	Blood in urine
Frequent infection	Bronchitis	Foul odor to urine
Night sweats	Chest pain with breathing	Low back pain
Swollen glands	Chest pain or pressure	
Chills/fever	At rest	<b>MEN ONLY</b>
Change in skin or nails	With exertion	Enlarged prostate
Change in wart or mole	With stress	Decreased urine stream
Abnormal bleeding /bruising	With eating	Unable to interrupt stream
Change in hair loss/growth	Down left arm, neck, back	Dribbling after urination
Irritability	With nausea, sweat, anxiety	Pus/drainage from penis
Restlessness	Irregular heartbeats	Problem with sexual function
Headaches	Skip beats	
Dizziness	Palpitation	<b>WOMEN ONLY</b>
Balance problem	Fast heart beat	Last menstruation
Head injury	Swelling feet and legs	Age began menstruation
Seizure/convulsion	Cold hands/feet	Age of menopause
Poor memory	Leg cramps at night	Number of pregnancies
Difficulty concentrating	Joint pain	Number of live births
Fainting	Pain/fatigue in legs with exercise	Number of abortions/miscarriages
Weakness	Burning feet	Complications of pregnancy
Numbness/tingling	Sore legs/feet	Used birth control pills
Blurred vision	Color change of arms/legs	IUD/type
Double vision	Difficulty swallowing	Usual length of cycle
Loss of vision	Pain/discomfort when eating	Usual length of period
Halos around lights	Bad teeth	Change in cycle
Excessive tearing /itching	Belching	Spotting between periods
Eye pain	Coating on tongue	Discomfort with periods
Dark circles under eyes	Canker sores	Premenstrual tension
Date of last eye exam	Pain relieved by eating	Vaginal discharge
Loss of hearing	Nausea /vomiting	Painful intercourse
ringing/buzzing in ears	Trouble with fried foods	Itching
Sinus trouble	Bloating of abdomen	Problem with sexual function
Nosebleed	Bowel gas	Lump in breast
Sore throat	Diarrhea	Abnormal pap smear
Hoarseness	Constipation	Infertility
Change in voice	Black stool	Other
Dental problem	Clay colored stool	
Dry mouth	Mucus in stool	
Excessive salivation	Hemorrhoids	
Bleeding gums	Rectal bleeding	

Current medications  
List all prescriptions and non-prescriptions

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Vitamin and mineral supplements  
Type and dosage

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Allergies to medications and food

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### Life Style

Favorite foods or cravings

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Have you been a smoker? \_\_\_\_\_ Number of years \_\_\_\_\_ How much? \_\_\_\_\_ When did you quit? \_\_\_\_\_

Use of coffee: number of cups per day \_\_\_\_\_

Use of alcohol: beer \_\_\_\_\_ wine \_\_\_\_\_ "hard" liquor \_\_\_\_\_

I consider myself a non-drinker social drinker heavy drinker alcoholic recovering alcoholic

Use of recreational drugs: Marijuana other drugs \_\_\_\_\_

I exercise on a regular basis \_\_\_\_\_

This is enough exercise for me \_\_\_\_\_

I would like to do more exercise \_\_\_\_\_

I find my work satisfying \_\_\_\_\_ too demanding \_\_\_\_\_ boring \_\_\_\_\_ very satisfactory \_\_\_\_\_

My sex life is satisfactory \_\_\_\_\_

I do the following for recreation \_\_\_\_\_

I sleep well \_\_\_\_\_

I worry about money \_\_\_\_\_ job \_\_\_\_\_ family \_\_\_\_\_ relationships \_\_\_\_\_ other \_\_\_\_\_

I currently see a mental health professional \_\_\_\_\_

I currently see a chiropractor, osteopathy or another physical therapy professional \_\_\_\_\_

I have been arrested \_\_\_\_\_

I have been in the military \_\_\_\_\_

I have been a victim of abuse: physical \_\_\_\_\_ sexual \_\_\_\_\_ emotional \_\_\_\_\_

My spiritual life is satisfactory \_\_\_\_\_

My last physical exam was \_\_\_\_\_

Life style changes in personal, family, social, work or sex life in the past two years

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