

Date \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  Male  Female

Primary phone: \_\_\_\_\_ Email \_\_\_\_\_

Single  Married  Partner  Separated  Divorced  Widowed Number of children: \_\_\_\_\_ Their ages: \_\_\_\_\_

Occupation \_\_\_\_\_ Medication Allergies \_\_\_\_\_

Date of last: Tetanus booster \_\_\_\_\_ Colonoscopy \_\_\_\_\_ Dexascan \_\_\_\_\_ Retinal eye exam \_\_\_\_\_

Prescription or OTC medications: \_\_\_\_\_

Vitamins, supplements, or herbals \_\_\_\_\_

What therapies have you tried?  Diet modification  Fasting  Herbs/vitamins  Homeopathy  Chiropractic  Acupuncture  Conventional drugs

Major hospitalizations, surgeries, injuries, complications \_\_\_\_\_

What other doctors do you see? \_\_\_\_\_

Current and Past Medical History **C = Current P = Past F = Family history** Please mark boxes appropriately

**C P**

- Anorexia / Bulimia
- Anxiety / panic attacks
- Bloating
- Blood clot
- Chronic fatigue syndrome
- Chronic pain/inflammation
- Constipation
- Decreased libido (sex drive)
- Dental problems
- Diarrhea
- Difficulty concentrating
- Diverticular disease
- Dizziness
- Epilepsy
- Emphysema
- Eyes, ears, nose, throat problem
- Environmental sensitivities
- Fatigue, severe
- Fever – low grade
- Fibromyalgia
- Food intolerance
- GERD (reflux)
- Glaucoma
- Gout
- Incontinence, urinary
- Incontinence, fecal
- Infertility
- Insomnia
- Irritability
- Nausea
- Moodiness / emotional swings
- Night Sweats
- Obesity
- Sexually transmitted disease
- Seasonal affective disorder
- Shortness of breath

**C P**

- Sinus problems
- Skin problems
- Stress
- Ulcer
- Urinary tract infections
- Varicose veins
- Weight gain/loss unexplained
- C P F**
- Allergies / Hayfever
- Arthritis
- Asthma
- Alcoholism / drug addiction
- Alzheimer's disease
- Autoimmune disease
- Blood pressure problems
- Cancer \_\_\_\_\_
- Cholesterol, elevated
- Circulatory problems
- Colitis
- Depression
- Diabetes
- Genetic disorder
- Hair loss
- Heart disease
- Inflammatory bowel disease
- Kidney / bladder disease
- Liver or GB disease
- Mental illness
- Headaches
- Migraine headaches
- MTHFR positive
- Neurological problems
- Osteoporosis / Osteopenia
- Stroke
- Thyroid problems
- Tuberculosis

**I WOULD LIKE TO:**

- Have more energy
- Have more endurance
- Be less tired after lunch
- Sleep better
- Be free of pain
- Get less colds and flu
- Get rid of allergies
- Stop using OTC medications
- Stop using laxatives
- Increase sex drive
- Lose or gain weight, body fat
- Reduce stress
- Think more clearly and more focused
- Improve memory
- Less depressed
- Less moody
- Less indecisive
- Feel more motivated
- Reduce risk of degenerative disease
- Slow down accelerated aging
- Maintain a healthier life longer
- Change from 'treating illness' to creating a wellness lifestyle
- Other \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

