

What major injuries have you had?

Injury	When	Long term effects

Which of the following conditions have you had (please circle)?

Abscesses	Depression	Headaches	Parasites	Stroke
Acne	Diabetes	Heart Disease	Pelvic Inflm. Dis.	Sun Stroke
Alcoholism	Digestive Problems	Hepatitis	Pleurisy	Thyroid Problems
Allergies	Eczema	Infertility	Pneumonia	Tonsillitis
Anemia	Endometriosis	Ingrown Toenails	Psoriasis	Tropical Disease
Asthma	Epilepsy	Joint Pain	Respiratory Disease	Tuberculosis
Athletes Foot	Fibromyalgia	Kidney Disease	Rheumatic Fever	Uterine Fibroid
Back Pain	Flu	Menstrual Problems	Root Canal	Vaginitis
Cancer	Gall Stones	Miscarriage	Scarlet Fever	Venereal Disease
Canker Sores	Genital Herpes	Mononucleosis	Sexual Abuse	Venereal Warts
Chicken Pox	Goiter	Mood Problems	Sinusitis	Warts
Cold Sores	Gout	Mumps	Skin Disease	Whooping Cough
Fatigue	Hay Fever	Ear Infections	Styes	Worms

Any other major conditions? _____

Any of the mentioned conditions which you never completely recovered from? _____

When was your last physical exam? _____

Age of 1st Menses: _____ # of pregnancies: _____ # of miscarriage: _____ # of abortions: _____

Any adverse effects from vaccinations? _____ How? _____

Have you ever taken antibiotics frequently for a prolonged period of time? _____ For what condition? _____

Have you lost weight over the past 12 months? _____ Gained weight? _____ How many pounds? _____

What exercise do you do? _____ Frequency: _____

How much of the following substances are you using? Tobacco: _____ Coffee: _____ Tea: _____

Alcohol: _____ Recreational drugs: _____

Any known allergies to food, drugs or environment? _____

Indicate below which of the following ailments have affected your relatives

Alcoholism	Cancer	Gonorrhea	Syphilis	
Allergies	Depression	Gout	Paralysis	Tuberculosis
Arthritis	Diabetes	Hay fever	Pneumonia	
Asthma	Epilepsy	Heart Disease	Skin Disease	

General Family History

Relative	Age if alive	Age at death	Ailments
Mother	_____	_____	_____
Father	_____	_____	_____
Siblings	_____	_____	_____
Maternal:			
Grandmother	_____	_____	_____
Grandfather	_____	_____	_____
Aunts/Uncles	_____	_____	_____
Paternal:			
Grandmother	_____	_____	_____
Grandfather	_____	_____	_____
Aunts/Uncles	_____	_____	_____