

Medical History Questionnaire

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

Name: _____ Referred By: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone _____

Date of Birth _____ Height: _____ Weight: _____ E-Mail: _____

Occupation: _____ Marital Status: _____

Describe your principal complaint: _____

What has been diagnosed (by MD)? _____

Any problems during your birth? _____

Vaccination History: Any reactions that you remember? _____

_____ Unusual Vaccinations? _____

Childhood Illnesses: Any surgeries or accidents? _____

Age: _____

Age: _____

Adolescence Illnesses: Any surgeries or accidents? _____

Age: _____

Age: _____

Age: _____

Adult: Any surgeries or accidents?

Age: _____

Age: _____

Age: _____

Age: _____

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

Father: _____

Mother: _____

Sibling: _____

Sibling: _____

Sibling: _____

Sibling: _____

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

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

Name _____

Date _____

Circle any problems, disease or symptom you have now. **Underline** any problems that affected you in the past.

SKIN eczema acne skin rashes dermatitis fungal infections warts psoriasis

HEART AND VASCULAR fast pulse (over 100 beats/minute) slow pulse (less than 60 beats/minute)
palpitation irregular pulse feeling of pressure in the chest shortness of breath chest pain dizziness
migraine headache with nausea cold hands/cold feet Raynaud's disease flushed face red face anemia
high blood pressure low blood pressure cold sweats feeling dizzy or fainting when standing up quickly or
after 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
peridontitis 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
other hormonal imbalance

MALE impotence premature ejaculation prostate gland problems vasectomy infertility

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 colitis Crohn's disease alopecia (baldness) allergy food allergy sinus allergy
atopic dermatitis neurodermatitis cellulitis vulvitis low immunity

EFFECTS OF FOCAL INFECTIONS rheumatic disease rheumatic fever arthritis skin disease

CONNECTIVE TISSUE OR LIGAMENT DISEASES myofascial pain syndrome fibromyalgia
tendonitis ligament damage pericarditis constant slight fever glomerulonephritis plantar fasciitis
scarlet fever

EAR NOSE AND THROAT deafness tinnitus (ringing in the ear) itchy ear ear pain frequent ear infections
sinus headaches constant sinus congestion yellow mucus stuffy nose post nasal drip dry throat itchy throat
ear infections streptococci infections staphylococci infections easily catch a cold or sore throat swollen glands

ORAL DISEASE bleeding gums peridontitis dental abscess mumps stomatitis (inflammation of the mouth)
TMJ toothache without cavities

GENERAL insomnia psychosomatic weakness exhaustion emotional problems (angry, irritable, depressed, anxious)
difficulty concentrating on a task easily get car sick sea sick or air sick no appetite for breakfast moody in the mornings
unusual sweating (palm, sole or elsewhere) never sweat

BEFORE NOON TIME no energy feel spacey scattered mind energetic all evening through midnight, but hate to
wake up in the morning long shower or bath makes you feel dizzy or faint

MEDICATION AND DRUGS birth control pill cigarettes alcohol cocaine marijuana

OTHER _____
