Confidential Health History

Please PRINT and fill in completely

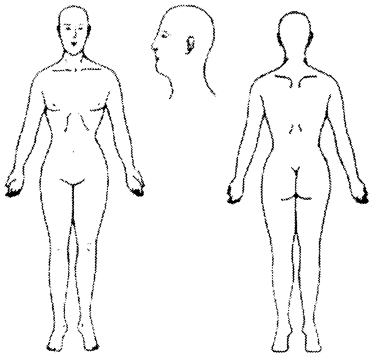
List your main health complaints that you would like help with:

_____

_____

_____

Mark an X on the picture where you have pain or symptoms:



Please check if any of the following statements are true:

_____ I have known allergies

_____ I have a pacemaker

_____ I am taking Coumadin/Warfarin/Plavix

_____ I am taking lithium (Eskalith, Lithobid, Lithonate, Lithotabs)

List any allergies and/or food sensitivities that you have:_____

_____

_____

PERSONAL HEALTH HISTORY:

Check if you have experienced any of the following:

_____ Allergies
_____ Blood Disorders _____
_____ Cancer or tumors
_____ Diabetes
_____ Emotional Disorder
_____ Hemophilia
_____ Hepatitis
_____ High / Low Blood Pressure
_____ HIV

_____ Infectious Disease
_____ Immune Dirsorder
_____ Respiratory Disorder
_____ Rheumatic Fever
_____ Seizures/Epilepsy
_____ Sexually Transmitted Infection
_____ Stroke
_____ Tuberculosis
_____ Other _____

_____ **None of the above**

List any significant illness, surgery, or hospitalizations you have had:

_____

_____

List any medications / supplements / herbs that you are currently taking:

_____

_____

Please indicate the use and frequency of the following:

Coffee / Black Tea _____ How much _____

Tobacco _____ How much _____

Alcohol _____ How much _____

Recreational Drugs_____ How much _____

Soda _____ How much _____

Exercise_____ How much _____