

ADULT MEDICAL HISTORY

(Please check each box that applies and type in additional info when applies)

| | | | | | | | |
|---|-----------------------------------|--|------------------------------|--|--|---|---|
| MEDICAL HISTORY | | Sexually transmitted disease | | Alzheimer's disease | | Vegan | |
| | Arthritis | | Seasonal affective disorder | | Cancer | | Salt restriction |
| | Allergies/hay fever | | Skin problems | | Depression | | Fat restriction |
| | Asthma | | Tuberculosis | | Diabetes | | Starch/carbohydrate restriction |
| | Alcoholism | | Ulcer | | Drug addiction | | The Zone Diet |
| | Alzheimer's disease | | Urinary tract infection | | Eating disorder | | Total calorie restriction |
| | Autoimmune disease | | Varicose veins | | Genetic disorder | | Specific food restrictions: |
| | Blood pressure problems | | Other _____ | | Glaucoma | | dairy wheat eggs soy corn all gluten |
| | | | | | | | Other _____ |
| | Bronchitis | | | | Heart disease | | |
| | Cancer | | MEDICAL (MEN) | | Infertility | | CURRENT SUPPLEMENTS |
| | Chronic fatigue syndrome | | Benign prostatic hyperplasia | | Learning disabilities | | Multivitamin/mineral |
| | | | Prostate cancer | | | | Vitamin C |
| | Carpal tunnel syndrome | | Decreased sex drive | | Mental illness | | |
| | Cholesterol, elevated | | Infertility | | Mental retardation | | Vitamin E |
| | Circulatory problems | | Sexually transmitted disease | | Migraine headaches | | EPA/DHA |
| | Colitis | | Other _____ | | Neurological disorders (Parkinson's paralysis) | | Evening Primrose/GLA |
| | Dental problems | | | | | | Calcium, source _____ |
| | Depression | | | | Obesity | | Magnesium |
| | Diabetes | | MEDICAL (WOMEN) | | Osteoporosis | | Zinc |
| | Diverticular disease | | Menstrual irregularities | | Stroke | | Minerals, describe _____ |
| | Drug addition | | Endometriosis | | Suicide | | Friendly flora (acidophilus) |
| | Eating disorder | | Infertility | | Other _____ | | Digestive enzymes |
| | Epilepsy | | Fibrocystic breasts | | HEALTH HABITS | | Amino acids |
| | Emphysema | | Fibroids/ovarian cysts | | Tobacco: | | CoQ10 |
| | Eyes, ears, nose, throat problems | | Premenstrual syndrom (PMS) | | Cigarettes: #/day _____ | | Antioxidants (e.g., lutein, resveratrol; etc.) |
| | | | | | Cigars: #/day _____ | | |
| | Environmental sensitivities | | Breast cancer | | Alcohol: | | Herbs |
| | Fibromyalgia | | Pelvic inflammatory disease | | Wine: #glasses/d or wk _____ | | Homeopathy |
| | | | | | Liquor: #ounces/d or wk _____ | | |
| | Food intolerance | | Vaginal infections | | Beer: #glasses/d or wk _____ | | |
| | Gastroesophageal reflux disease | | Decreased sex drive | | | | Protein shakes |
| Genetic disorder | | Sexually transmitted disease | | Caffeine: | | Superfoods (e.g., bee pollen, phytonutrient blends) | |
| Glaucoma | | Other _____ | | Coffee: #6 oz cups/d _____ | | Liquid meals (Ensure) | |
| Gout | | Date of last GYN exam _____ | | Tea: #6 oz cups/d _____ | | Others _____ | |
| Heart disease | | Mammogram + - | | Soda w/caffeine: #cans/d _____ | | | |
| Infection, chronic | | PAP + - | | Other sources _____ | | | |
| Inflammatory bowel disease | | Form of birth control _____ | | Water: #glasses/d _____ | | OPERATIONS / DATE | |
| Irritable bowel syndrome | | # of children _____ | | EXERCISE | | Appendectomy _____ | |
| Kidney or bladder disease | | # of pregnancies _____ | | 5-7 days per week | | Dental Surgery _____ | |
| Learning disabilities | | C-section _____ | | | | | |
| Liver or gallbladder disease (stones) | | Age of first period _____ | | 3-4 days per week | | Gall Bladder _____ | |
| | | Date - last menstrual cycle _____ | | 1-2 days per week | | Hernia _____ | |
| Mental illness | | Length of cycle _____ days | | 45 minutes or more duration per | | Hysterectomy _____ | |
| Mental retardation | | Any recent changes in normal menstrual flow (e.g., heavier, large clots, scanty) _____ | | workout | | Tonsillectomy _____ | |
| Migraine headaches | | | | 30-45 minutes duration per workout | | | |
| | | Surgical menopause | | Less than 30 minutes | | Other (describe) _____ | |
| Neurological problems (Parkinson's paralysis) | | Menopause | | Walk - #days/wk _____ | | Other (describe) _____ | |
| Sinus problems | | FAMILY HEALTH HISTORY (Parents and Siblings) | | Run, jog, other aerobic - #days/wk _____ | | HOSPITALIZATIONS | |
| Stroke | | Arthritis | | Weight lift - #days/wk _____ | | Where Hospitalized/Date | |
| | | Asthma | | Stretch - #days/wk _____ | | | |
| Thyroid trouble | | Alcoholism | | Other _____ | | | |
| Obesity | | | | NUTRITION & DIET | | | |
| | | | | Mixed food diet (animal and vegetable sources) | | | |
| Osteroporosis | | | | Vegetarian | | | |
| Pheumonia | | | | | | | |

Please check if these symptoms occur **presently** or have occurred in **the past 6 months**. Check only those that apply, (M1=Mild) (M2=Moderate) (SV=Severe)

| GENERAL | M1 | M2 | SV | URINARY (Cont'd) | M1 | M2 | SV | MUSCULOSKELETAL (Cont'd) | M1 | M2 | SV |
|---------------------------------------|----|----|----|-------------------------------|----|----|----|----------------------------|----|----|----|
| Cold hands & feet | | | | Pain/burning | | | | Muscle weakness | | | |
| Cold intolerance | | | | Prostate enlargement | | | | Neck muscle spasm | | | |
| Daytime sleepiness | | | | Prostate infection | | | | Tendonitis | | | |
| Difficulty falling asleep | | | | Urgency | | | | Tension headache | | | |
| Early waking | | | | Nocturia-night time urination | | | | TMJ problems | | | |
| Fatigue | | | | MALE REPRODUCTIVE | | | | Chest tightness | | | |
| Fever | | | | Discharge from penis | | | | NEUROLOGICAL/NERVES | | | |
| Flushing | | | | Ejaculation problem | | | | Agoraphogias | | | |
| Heat intolerance | | | | Genital pain | | | | Anxiety | | | |
| Night waking | | | | Impotence | | | | Auditory hullucinations | | | |
| Nightmares | | | | Infection | | | | Black-out | | | |
| Others | | | | Lumps in testicles | | | | Depression | | | |
| Head, Eyes & Ears | | | | Poor libido (sex drive) | | | | Difficulty: | | | |
| Conjunctivitis | | | | FEMALE REPRODUCTIVE | | | | Concentrating | | | |
| Distorted sense of smell and/or taste | | | | Breat cysts | | | | With balance | | | |
| Ear fullness or pain | | | | Breast lumps | | | | With thinking | | | |
| Ear ringing/buzzing | | | | Breast tenderness | | | | With judgment | | | |
| Eye crusting | | | | Ovarian cyst | | | | With speech | | | |
| Headache | | | | Poor libido (sex drive) | | | | With memory | | | |
| Hearing loss | | | | Endometriosis | | | | Dizziness (spinning) | | | |
| Hearing problems | | | | Fibroids | | | | Fainting | | | |
| Lid margin redness | | | | Infertility | | | | Fearfulness | | | |
| Migraine | | | | Vaginal discharge | | | | Irritability | | | |
| Sensitivity to loud noise | | | | Vaginal odor | | | | Light-headedness | | | |
| Vision problems | | | | Vaginal itch | | | | Numbness | | | |
| RESPIRATORY | | | | Vaginal pain/Pelvic pain | | | | Other Phobias | | | |
| Bad breath | | | | <i>Premenstrual</i> | | | | Panic attacks | | | |
| Cough - dry | | | | Bloating | | | | Paranoia | | | |
| Cough - productive | | | | Breast tenderness | | | | Seizures | | | |
| Hay fever | | | | Carbohydrate craving | | | | Suicidal thoughts | | | |
| Hoarseness | | | | Chocolate craving | | | | Tingling | | | |
| Nasal stuffiness | | | | Constipation | | | | Tremor/trembling | | | |
| Nose bleeds | | | | Decreased sleep | | | | Visual hallucinations | | | |
| Post nasal drip | | | | Diarrhea | | | | GASTROENTESTIONAL | | | |
| Sinus problems | | | | Fatigue | | | | Anal/rectal spasms | | | |
| Snoring | | | | Increased sleep | | | | Bad teeth | | | |
| Sore throat | | | | <i>Menstrual</i> | | | | Bleeding gums | | | |
| Wheezing | | | | Cramps | | | | Bloating of: Lower abdomen | | | |
| CARDIOVASCULAR | | | | Irritability | | | | Whole abdomen | | | |
| Angina/chest pain | | | | Heavy periods | | | | Blood in stools | | | |
| Breathlessness | | | | Irregular periods | | | | Burping | | | |
| Heart murmur | | | | No periods | | | | Canker sores | | | |
| Irregular pulse | | | | Scanty periods | | | | Cold sores | | | |
| Mitral valve prolapsed | | | | Spotting between | | | | Constipation | | | |
| Palpitations | | | | MUSCULOSKELETAL | | | | Cracking at corner of lips | | | |
| Phlebitis | | | | Joint deformity | | | | Dentures w/poor chewing | | | |
| Swollen ankles/feet | | | | Joint pain | | | | Diarrhea | | | |
| Varicose veins | | | | Joint redness | | | | Difficulty swallowing | | | |
| URINARY | | | | Joint stiffness | | | | Dry mouth | | | |
| Bed wetting | | | | Muscle pain | | | | Farting | | | |
| Hesitancy | | | | Muscle spasms | | | | Upper Abdominal Pain | | | |
| Infection | | | | Muscle stiffness | | | | Fissures | | | |
| Kidney disease | | | | Muscle twitches: | | | | Foods "repeat" (reflux) | | | |
| Kidney stone | | | | Around eyes | | | | Heartburn | | | |
| Leaking/incontinence | | | | Arms or legs | | | | Hemorrhoids | | | |

Please check if these symptoms occur **presently** or have occurred in **the past 6 months**. Check only those that apply, (M1=Mild) (M2=Moderate) (SV=Severe)

| GASTROENTESTIONAL (Cont'd) | M1 | M2 | SV |
|---|----|----|----|
| Intolerance to: Lactose | | | |
| All milk products | | | |
| Intolerance to: | | | |
| Gluten (wheat) | | | |
| Corn | | | |
| Eggs | | | |
| Fatty foods | | | |
| Yeast | | | |
| Liver disease/jaundice (yellow eyes or skin) | | | |
| Lower abdominal pain | | | |
| Mucus in stools | | | |
| Nausea | | | |
| Vomiting | | | |
| Periodontal disease | | | |
| Sore tongue | | | |
| Strong stool odor | | | |
| Undigested food in stools | | | |
| SKIN PROBLEMS | | | |
| Acne | | | |
| Nail changes | | | |
| Athlete's foot | | | |
| Bumps on back of upper arms | | | |
| Dark circles under eyes | | | |
| Easy bruising | | | |
| Eczema | | | |
| Herpes - genital | | | |
| Hives | | | |
| Jock itch | | | |
| Moles w color/size change | | | |
| Psoriasis | | | |
| Rash | | | |
| Red face | | | |
| Sensitive to bites | | | |
| Sensitive to poison ivy/oak | | | |
| Shingles | | | |
| Skin cancer | | | |
| Skin darkening | | | |
| Strong body odor | | | |
| Vitiligo | | | |
| Skin itching | | | |
| Skin dryness | | | |