

# CONFIDENTIAL CLIENT/PATIENT HEALTH HISTORY

Dear Client/Patient: Please complete this questionnaire. Your answers will assist us to determine the proper course of treatment for your unique health situation. Thank You.

Name: _____	Date: ____/____/____
Street Address: _____	
City: _____	State: _____ Zip: _____ - _____
Occupation: _____	Employer: _____
Date of Birth: ____/____/____	Age: ____ Single: ____ Married: ____ Divorced: ____ Widowed: ____
Spouses Name: _____	
Emergency Contact: (Name & Phone) _____	
Client Cell Phone: _____ - _____ - _____	
Home Phone: _____ - _____ - _____	Work Phone: _____ - _____ - _____
Email Address: _____	

Doctors' Name: _____	Referred By: _____	
<b>List Medications:</b>		
1- _____	2- _____	3- _____
4- _____	5- _____	6- _____
7- _____	8- _____	9- _____
<b>List Vitamins, Minerals &amp; Supplements:</b>		
1- _____	2- _____	3- _____
4- _____	5- _____	6- _____
7- _____	8- _____	9- _____

**Please describe your present symptoms or major complaint(s). (If none, go to back of form):**

_____
_____
_____
Is the condition: ____ Improving? ____ Getting Worse? ____ Constant? ____ Comes & Goes?
Has there been a medical diagnosis? ____ If yes, what is it? _____
When was it made: ____/____/____ By Whom? _____
When did you first notice this complaint? ____/____/____ _____
What do you think is the cause? _____
What aggravates the condition? _____
What have you done to get relief? _____

**Do you have difficulty with any of the following?**

**GENERAL**

- Allergy
- Chills
- Convulsions
- Depression
- Diabetes
- Dizziness
- Epilepsy
- Fainting
- Fatigue
- Fever
- Goiter
- Headache
- Hypoglycemia
- Loss of Sleep
- Metal Implants
- Nervousness
- Neuralgia
- Numbness
- Sweats
- Tremors
- Tingling sensations
- Under stress

**GASTRO-INTESTINAL**

- Belching or gas
- Colitis
- Constipation
- Diarrhea
- Difficult digestion
- Gall Bladder trouble
- Hemorrhoids
- Jaundice
- Liver problems
- Frequent Vomiting

**MUSCLE AND JOINT**

- Arthritis
- Bursitis
- Foot trouble
- Fractures
- Gout
- Hernia
- Low Back Pain
- Neck Pain or Stiffness
- Pain between Shoulders
- Sciatica
- Swollen Joints
- Strains or Sprains

**EYES, EARS, NOSE, THROAT**

- Asthma
- Frequent Colds
- Frequent Earaches
- Frequent Nosebleeds
- Frequent Sore Throat
- Ear Noises
- Hay Fever
- Chronic Hoarseness
- Sinus Infection
- Chronic Tonsillitis

**RESPIRATORY**

- Chest Pain
- Chronic Cough
- Difficulty Breathing
- Emphysema
- Wheezing

**CARDIO-VASCULAR**

- Hardening of Arteries
- High Blood Pressure
- Low Blood Pressure
- Heart trouble
- Poor Circulation
- Swelling of the Ankles
- Stroke
- Varicose Veins

**SKIN**

- Boils
- Bruise Easily
- Dryness
- Itching
- Eczema
- Psoriasis

**GENITO-URINARY**

- Bladder Infections
- Blood in Urine
- Frequent Urination
- Painful Urination
- Prostate trouble
- Kidney/Bladder Stones

**WOMEN ONLY**

- Congested Breasts
- Excess Menstrual flow
- Hot Flashes
- Irregular Cycle
- Lumps in Breast
- Painful Menstruation

**List surgeries, broken bones, other...**

1. \_\_\_\_\_ 4. \_\_\_\_\_
2. \_\_\_\_\_ 5. \_\_\_\_\_
3. \_\_\_\_\_ 6. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_