Personal Medical History

Hospitalizations, Surgeries, X-Rays, CAT Scans, MRI's, Special Studies

Reason	When	Reason	When

Childhood Illness

CURRENT	PAST	
____	____	Scarlet Fever
____	____	Diptheria
____	____	Rheumatic Fever
____	____	Chicken Pox
____	____	Measles
____	____	German Measles

Emotional

CURRENT	PAST	
____	____	Mood Swings
____	____	Nervousness
____	____	Mental Tension
____	____	Sudden Anger
____	____	Depression
____	____	Nightmares
____	____	Addictions
____	____	Obsessive Behavior

Head, Eye, Ear, Nose, & Throat

CURRENT	PAST	
____	____	Ear Ringing
____	____	Earaches
____	____	Sinus Problems
____	____	Nose Bleeds
____	____	Frequent Sore Throats
____	____	Teething Grinding
____	____	TMJ/Jaw Problems
____	____	Hay Fever
____	____	Glasses/Contacts
____	____	Eye Pain/Strain
____	____	Glaucoma
____	____	Impaired Vision
____	____	Headaches

Respiratory

CURRENT	PAST	
____	____	**Pneumonia**
____	____	Frequent Common Colds
____	____	Difficulty Breathing
____	____	Persistent Cough
____	____	Pleurisy
____	____	Shortness of Breath
____	____	Asthma
____	____	Tuberculosis
____	____	Other Respiratory Problems

Please List: _____

_____

Energy & Immunity

CURRENT	PAST	
____	____	Fatigue
____	____	Slow Wound Healing
____	____	Chronic Infections
____	____	Cancer
____	____	Chronic Fatigue Syndrome

Genitio-Urinary Tract

CURRENT	PAST	
____	____	Kidney Disease
____	____	Painful Urination
____	____	Frequent UTI
____	____	Frequent Urination
____	____	Urinary Dribbling
____	____	Kidney Stones
____	____	Blood in Urine
____	____	Impaired Urination
____	____	Frequent Urination at Night

Cardiovascular

CURRENT	PAST	
____	____	Heart Disease
____	____	Chest Pain
____	____	Swelling of Ankles
____	____	High Blood Pressure
____	____	Palpitations/Fluttering
____	____	Stroke
____	____	Anemia
____	____	Heart Murmurs
____	____	Rheumatic Fever
____	____	Varicose Veins

Gastrointestinal

CURRENT	PAST	
____	____	Ulcers
____	____	Changes in Appetite
____	____	Nausea/Vomiting
____	____	Epigastric Pain
____	____	Passing Gas
____	____	Heartburn
____	____	Belching
____	____	Gall Bladder Disease
____	____	Liver Disease
____	____	Hepatitis B or C
____	____	Hemorrhoids
____	____	Abdominal Pain

Neurological

CURRENT	PAST	
____	____	Vertigo/Dizziness
____	____	Paralysis
____	____	Numbness/Tingling
____	____	Loss of Balance
____	____	Seizure/Epilepsy
____	____	Memory Loss

Musculoskeletal

CURRENT	PAST	
____	____	Neck/Shoulder Pain
____	____	Muscle Spasms/Cramps
____	____	Arm Pain
____	____	Leg Pain
____	____	Upper Back Pain
____	____	Mid Back Pain
____	____	Low Back Pain
____	____	Joint Pain

If so, where: _____

Dermatological

CURRENT	PAST	
____	____	Eczema
____	____	Hives
____	____	Shingles
____	____	Acne
____	____	Rosacea
____	____	Psoriasis
____	____	Warts
____	____	Rashes

Endocrine

CURRENT	PAST	
____	____	Hypothyroid
____	____	Hypoglycemia
____	____	Hyperthyroid
____	____	Diabetes Mellitius
____	____	Night Sweats
____	____	Feeling Hot or Cold

Male Reproductive

CURRENT	PAST	
____	____	Sexual Difficulties
____	____	Prostate Problems
____	____	Testicular Pain/Swelling
____	____	Penile Discharge
____	____	Low Libido

Female Reproductive/Breasts

CURRENT	PAST		CURRENT	PAST	
____	____	Irregular Cycles	____	____	Premenstrual Problems
____	____	Bleeding Between Cycles	____	____	Nipple Discharge
____	____	Breast Lumps/Tenderness	____	____	Menopausal Symptoms
____	____	Heavy Flow	____	____	Difficulty Conceiving
____	____	Clotting	____	____	Painful Periods
____	____	Vaginal Discharge	____	____	Low Libido

Menstrual/Birthing History

Age of First Menses: _____

# of Days of Menses: _____

Length of Cycle: _____

# of Pregnancies: _____

# of Miscarriages: _____

# of Abortions: _____

# of Live Births: _____

Birth Control Type (past & current): _____

Other

Is there anything else you'd like us to know? _____

_____

_____