

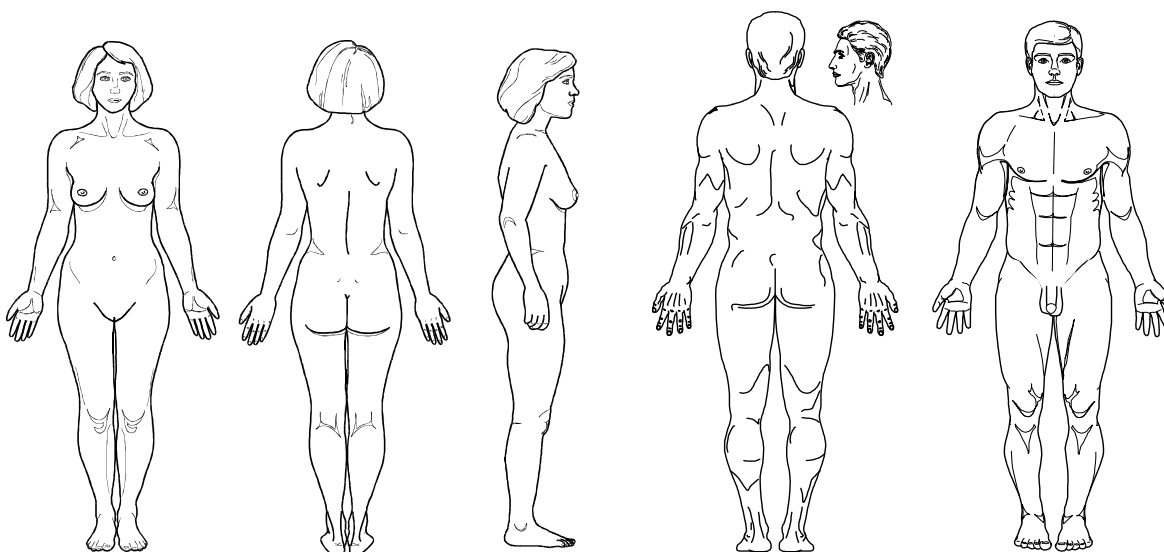
# Health History

Name: \_\_\_\_\_ DoB: \_\_\_\_\_

Last, First, MI

Are you taking prescribed blood thinners? <input type="checkbox"/> Yes <input type="checkbox"/> No		Prescribed painkillers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a pacemaker? <input type="checkbox"/> Yes <input type="checkbox"/> No		Women: Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Liver Disease? <input type="checkbox"/> Yes	Kidney Disease? <input type="checkbox"/> Yes	Venereal Disease? <input type="checkbox"/> Yes	Cancer? <input type="checkbox"/> Yes
Diabetes mellitus? <input type="checkbox"/> Yes	Lupus? <input type="checkbox"/> Yes	Sjögren's? <input type="checkbox"/> Yes	Multiple Sclerosis? <input type="checkbox"/> Yes
Hashimoto's thyroiditis? <input type="checkbox"/> Yes	Graves' disease? <input type="checkbox"/> Yes	Rheumatoid arthritis <input type="checkbox"/> Yes	
HIV/AIDS? <input type="checkbox"/> Yes		Hepatitis B or C? <input type="checkbox"/> Yes	
Other diagnosed condition: _____			

1. What is your primary complaint? \_\_\_\_\_
2. Other health concerns: \_\_\_\_\_
3. How long have you had this condition? \_\_\_\_\_
4. What was happening in your life at the time of onset? \_\_\_\_\_
5. What aggravates your condition? \_\_\_\_\_
6. Is this condition getting worse?  Yes  No  Constant  Comes and goes
7. List previous diagnoses and treatments you have received for present condition: \_\_\_\_\_
8. List any surgical operations and dates: \_\_\_\_\_
9. List all pharmaceutical drugs you are currently taking: \_\_\_\_\_
10. List other supplements you are taking: \_\_\_\_\_
11. List any known medications that produce allergic reactions: \_\_\_\_\_
12. Check any of the following injectible solutions you are allergic to:  Cyanocobalamin Vitamin B12  
 Hydroxocobalamin Vitamin B12  Sarapin®  Traumeel®  Epinephrine  Lidocaine  
 Procaine  Magnesium Sulfate  Calcium
13. Habits:  Alcohol  Coffee  Tobacco  Recreational Drugs  Regular Exercise
14. Mark areas on the figures below where your problems are located. Please add any notes to further describe the condition:



**Additional comments regarding your condition:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_