

Chronic Fatigue/Pain/Infection, AutoImmune Syndrome History and Resource Form

Name _____ Date _____ Age _____ Birth Year _____

Symptoms that bother you most:

In order to most efficiently determine what are the key elements for your recovery, we need to know what are the key elements of your distress and what helps you most. Unwinding a syndromal health problem requires that we retrace its "winding up".

- 1) Please answer the *Questions Regarding the Course of Illness and Healing*
- 2) What diagnoses have previous clinicians given?
- 3) What treatments have been most effective?
- 4) What treatments had the worst side effects?
- 5) What in your life aggravates your condition?
- 6) What in your life improves your condition?
- 7) What in your life brings you the most joy and pleasure?
- 8) What resources do you have that help you be present with the challenges of your condition?
- 9) What prevents you from using these more?
- 10) What other resources would be most useful for you at this time?
- 11) Did answering these questions seem overwhelming? _____
Do you have issues with concentration, memory, organization, planning? _____
Do you have brain fog? _____
Please describe any other cognitive challenges.

History: Please list with age and dates of onset

Family history of allergies, autoimmune disease, mental health conditions, cancer, diabetes, heart conditions:

Infections (yours or your parents, especially mother during pregnancy with you):

Other illnesses in the past:

Exposure to environmental toxins and/or strong medications (you or your parents, especially mother during pregnancy with you):

Food allergies (immediate) or sensitivities/reactivities (delayed):

Chemical sensitivities:

At what point did you lose your ability to tolerate these things?

Digestive issues:

Sleep issues:

Childhood health issues, (please include any issues with sleep, eating and bowel movements, allergies, etc.):

Medications in childhood:

Did you feel safe in your family?

How were mealtimes in your family?

Who/what did you turn to when you needed support/comfort as a child?

What did you most long for as a child?

What were your best childhood memories?

What exercise/movement did you enjoy as a child (include non-sports play like tag)?

Stress and traumatic experiences:

Have you had traumas or periods of prolonged stress? Please list with dates

Do you know about fight, flight, freeze?

When feeling threatened or alarmed do you first tend to get **angry - fight**,
afraid - flight, or **immobilized - freeze**,
or go up in your head and figure out the best strategy?
Circle any that apply and describe further if you wish:

What do you do next?

We will be working with resources for dealing with these alarm states, so please begin to think about what kind of help/support would be most useful for you.

Please list 3-5 habits that you think contribute to your condition or stress level. Note if you use them to calm yourself down when you're tense or cheer you up when you're feeling down.

Do you have a religious affiliation or spiritual practice? If so, please describe it and how it effects your health challenges.

on next page, please list 10 of your favorite things

Please list 10 of your favorite things: Note if they calm you down when you're buzzed or anxious or cheer you up when you're feeling down.