

## Health History (please type responses in another color - Thanks)

1) Symptoms in order of concern, on scale from 1-10, 1 = mild, 10 = incapacitating  
Date and age of onset:  
What was going on in your life in the time before this became an issue?

2) Medical diagnoses (with date/age of diagnosis,  
date/age of onset -- when you think it began,  
how long from onset to diagnosis  
how long from onset to treatment  
treatment results

2a: Previous lab test results : thyroid, adrenal salivary, intestinal permeability, parasite,  
food sensitivities, heavy metals . . .

**If extensive, please snail mail me copies**

3) Medications, (including replacement hormones)  
Please list brand or generic name and dosages  
and which condition each is for  
Dates, length of time on them and results (can have + & - both for same medication)  
++ = excellent, it's handled,  
+ = pretty good, need a bit more help  
0 = no results  
- = mild side effects  
-- = serious side effects

4) History of infections\*\***Please be sure to list all viral, bacterial, fungal, parasites you've ever known about** with dates, how diagnosed, how treated, any residuals?  
C = current, P = past i.e.: strep throat as child  
O = ongoing i.e.: herpes infections that come and go

5) Allergies/sensitivities: begin with infancy to present.  
reactions to childhood immunizations), food, airborne (pollen, dust, feather pillows),  
medications, skin, petrochemicals (smog), etc.

6) Seasonal/weather/temperature preferences and aversions

7) Trauma history? physical and/or emotional. (You can answer in this  
email or tell me in person)

8) Family history:  
Mother's side (ethnic origin, symptoms, diagnoses, age of onset, age of death)  
Father's side (same questions)

9) Specific supplements, herbs, homeopathy, massage, acupuncture, etc. taken  
for specific symptoms/diagnoses  
please give dates and use same scale for results as in #3.

10) List general maintenance supplements, foods, activities.