



## Health History

Please allow 15-20 minutes to fill out these forms. They're extensive! I know this can be tedious, but I get some of my best clues regarding how to help you from “the story” your history tells me. This form breaks your history down into different age periods, which go to age 60 and beyond. There are some key questions after that “60+” section, so be sure you answer those. Don't worry if you don't know about your early history. Just do the best you can with the information you have. But do us both a favor and give me all the details you *do* have. The results will be worth it!

### Family History:

How many of your relatives (parents, grandparents, siblings, aunts, uncles & cousins) have had the following:

Heart disease \_\_\_\_\_

Diabetes \_\_\_\_\_

Cancer \_\_\_\_\_

Allergies \_\_\_\_\_

Thyroid problems \_\_\_\_\_

Any other conditions that seem to run in your family?

Prior to your conception, did any parent or grandparent serve in Vietnam, Iraq or Afghanistan? If so, give details:

### Your early history (birth to age 2)

Did your mother have any health issues or take any medications when pregnant with you? Explain:

Were you a C-section or Vaginal birth?

Was there anesthesia, antibiotics or other medications used during your labor and delivery?

Were there any complications or difficulties with your birth? Explain:

Did you have colic as a baby?

Did either of your parents smoke?

What city and state were you born in?

How long did you live there?

What agriculture or industry was within 15 miles of your home?



Did you have any illnesses? Please list, along with treatments you received:

Was there excessive stress in your environment?

Did you have any accidents, injuries or surgeries? If so, explain:

What vaccinations did you have (including flu shots)?

**Your history age 2 until puberty**

List what cities and states you lived in, along with how long you lived there:

What agriculture or industry was within 15 miles of your home?

Did you have any illnesses? Please list, along with treatments you received:

Was there excessive stress in your environment?

Did you have any accidents, injuries or surgeries? If so, explain:

What vaccinations did you have (including flu shots)?

How many servings of the following did you commonly eat/drink each day during this time period?

Meat \_\_\_\_\_ Eggs \_\_\_\_\_ Dairy \_\_\_\_\_ Fruit \_\_\_\_\_ Vegetables \_\_\_\_\_ Water \_\_\_\_\_

Grains (bread, pasta, cereal, etc) \_\_\_\_\_ Sugary foods (candy, desserts, ice cream, etc) \_\_\_\_\_

Fast foods \_\_\_\_\_ Soda/Energy drinks \_\_\_\_\_ Processed food (ramen, mac & cheese, etc) \_\_\_\_\_

Coffee/tea \_\_\_\_\_ Foods with artificial sweeteners (diet or sugar free foods) \_\_\_\_\_

**Your history from puberty until age 20**

At what age did you reach puberty? \_\_\_\_\_

(Women) Any trouble with your periods? Explain:

Please list any pregnancies and outcomes:

Please list what jobs, professions or hobbies you had, along with exposure to known toxins:

List what cities and states you lived in, along with how long you lived there:

What agriculture or industry was within 15 miles of your home?



Did you have any illnesses? Please list, along with treatments you received:

Was there excessive stress in your environment?

Did you have any accidents, injuries or surgeries? If so, explain:

What vaccinations did you have (including flu shots)?

Did you use cigarettes/alcohol/drugs? If so, please give details regarding types and amounts:

How many servings of the following did you commonly eat/drink each day during this time period?

Meat \_\_\_\_\_ Eggs \_\_\_\_\_ Dairy \_\_\_\_\_ Fruit \_\_\_\_\_ Vegetables \_\_\_\_\_ Water \_\_\_\_\_

Grains (bread, pasta, cereal, etc) \_\_\_\_\_ Sugary foods (candy, desserts, ice cream, etc) \_\_\_\_\_

Fast foods \_\_\_\_\_ Soda/Energy drinks \_\_\_\_\_ Processed food (ramen, mac & cheese, etc) \_\_\_\_\_

Coffee/tea \_\_\_\_\_ Foods with artificial sweeteners (diet or sugar free foods) \_\_\_\_\_

**Your history age 20 until age 40**

(Women) Any trouble with your periods? Explain:

Please list any pregnancies and outcomes:

Please list what jobs, professions or hobbies you had, along with exposure to known toxins:

List what cities and states you lived in, along with how long you lived there:

What agriculture or industry was within 15 miles of your home?

Did you have any illnesses? Please list, along with treatments you received:

Was there excessive stress in your environment?

Did you have any accidents, injuries or surgeries? If so, explain:

What vaccinations did you have (including flu shots)?

Did you use cigarettes/alcohol/drugs? If so, please give details regarding types and amounts:



How many servings of the following did you commonly eat/drink each day during this time period?

Meat \_\_\_\_\_ Eggs \_\_\_\_\_ Dairy \_\_\_\_\_ Fruit \_\_\_\_\_ Vegetables \_\_\_\_\_ Water \_\_\_\_\_

Grains (bread, pasta, cereal, etc) \_\_\_\_\_ Sugary foods (candy, desserts, ice cream, etc) \_\_\_\_\_

Fast foods \_\_\_\_\_ Soda/Energy drinks \_\_\_\_\_ Processed food (ramen, mac & cheese, etc) \_\_\_\_\_

Coffee/tea \_\_\_\_\_ Foods with artificial sweeteners (diet or sugar free foods) \_\_\_\_\_

### **Your history age 40 until age 60**

(Women) Any trouble with your periods? Explain:

Please list any pregnancies and outcomes:

At what age did you reach menopause (andropause for men)?

Explain any symptoms that these hormonal changes caused for you:

Please list what jobs, professions or hobbies you had, along with exposure to known toxins:

List what cities and states you lived in, along with how long you lived there:

What agriculture or industry was within 15 miles of your home?

Did you have any illnesses? Please list, along with treatments you received:

Was there excessive stress in your environment?

Did you have any accidents, injuries or surgeries? If so, explain:

What vaccinations did you have (including flu shots)?

Did you use cigarettes/alcohol/drugs? If so, please give details regarding types and amounts:

How many servings of the following did you commonly eat/drink each day during this time period?

Meat \_\_\_\_\_ Eggs \_\_\_\_\_ Dairy \_\_\_\_\_ Fruit \_\_\_\_\_ Vegetables \_\_\_\_\_ Water \_\_\_\_\_

Grains (bread, pasta, cereal, etc) \_\_\_\_\_ Sugary foods (candy, desserts, ice cream, etc) \_\_\_\_\_

Fast foods \_\_\_\_\_ Soda/Energy drinks \_\_\_\_\_ Processed food (ramen, mac & cheese, etc) \_\_\_\_\_

Coffee/tea \_\_\_\_\_ Foods with artificial sweeteners (diet or sugar free foods) \_\_\_\_\_



### **Your history age 60 and beyond**

Explain any continuing symptoms that hormonal changes caused for you:

Please list what jobs, professions or hobbies you had, along with exposure to known toxins:

List what cities and states you lived in, along with how long you lived there:

What agriculture or industry was within 15 miles of your home?

Did you have any illnesses? Please list, along with treatments you received:

Was there excessive stress in your environment?

Did you have any accidents, injuries or surgeries? If so, explain:

What vaccinations did you have (including flu shots)?

Did you use cigarettes/alcohol/drugs? If so, please give details regarding types and amounts:

How many servings of the following did you commonly eat/drink each day during this time period?

Meat \_\_\_\_\_ Eggs \_\_\_\_\_ Dairy \_\_\_\_\_ Fruit \_\_\_\_\_ Vegetables \_\_\_\_\_ Water \_\_\_\_\_

Grains (bread, pasta, cereal, etc) \_\_\_\_\_ Sugary foods (candy, desserts, ice cream, etc) \_\_\_\_\_

Fast foods \_\_\_\_\_ Soda \_\_\_\_\_ Processed food (ramen, mac & cheese, etc) \_\_\_\_\_

Coffee/tea \_\_\_\_\_ Foods with artificial sweeteners (diet or sugar free foods) \_\_\_\_\_

### **Final questions (You're almost there!)**

Have you ever had mono, herpes, Fifth's disease, molluscum or other virus? Give details:

If you had to take a guess at how many times in your *whole life* you took an antibiotic, what would you guess that number to be?

Have you ever taken cortisone, prednisone or other steroid drugs? Give details:



Is there anything else you think I should know that I failed to ask you? Write the details to your heart's content! The more information I have, the better I like it.

And thank you so very much for taking the time to fill out this health history!