

Describe how your problem(s) started. What was happening in your life before symptoms manifested?

Describe a typical day in your life – how and where you spend your time and with whom you spend it. How do you generally feel about your day to day routine? Please elaborate on any aspect that comes up for you that feels right to share:

What is your goal and intention in pursuing this method of healing?

HEALTH HISTORY

Childhood Diseases: (Please circle)

Measles, Mumps, Rubella, Chicken Pox, Pneumonia, Whooping Cough, Scarlet Fever

Other: _____

Vaccinations: (Please circle)

MMR, DPT, POLIO, CHICKEN POX, TB, Rotavirus, HIB, Hepatitis, HPV, Flu, Meningococcal,

Pneumococcal, Other: _____

Please list previous injuries and/or surgeries _____

Please list current medications and purpose _____

Please list any diagnoses and/or diseases _____

Please list habits that concern you _____

Describe your exercise or fitness routine _____

Describe your sleep pattern _____

Describe your digestion and any special diets or restrictions:

Allergies, Sensitivities or Intolerances? Such as to foods, sound, touch, etc.. _____

Major Health Problems of blood relatives on maternal and paternal sides (mother, father, grandparents, aunts, uncles and siblings):

Additional Comments:
