

**Confidential Health History**

The items below may relate to your current health condition. In the space in front of each item, place a number next to the item that relates to you based on your typical health profile.

**Point scale: 0 = Never or almost never have the symptom**

**1 = Occasionally have symptom, effect is not severe**

**2 = Occasionally have symptom, effect is severe**

**3 = Frequently have symptom, effect is not severe**

**4 = Frequently have symptom, effect is severe**

**GENERAL**

- 1. \_\_\_ Fever
- 2. \_\_\_ Frequent illness
- 3. \_\_\_ Chills
- 4. \_\_\_ Loss of sleep
- 5. \_\_\_ Fatigue
- 6. \_\_\_ Nervousness
- 7. \_\_\_ Weight loss or gain
- 8. \_\_\_ Allergies
- 9. \_\_\_ Bleeding problems
- 10. \_\_\_ Anemia
- 11. \_\_\_ Diabetes
- 12. \_\_\_ Cancer
- 13. \_\_\_ Night sweats
- 14. \_\_\_ HIV positive

**EYE, EAR, NOSE,  
MOUTH/THROAT**

- 15. \_\_\_ Poor vision
- 16. \_\_\_ Pain in eye(s)
- 17. \_\_\_ Deafness / difficulty hearing
- 18. \_\_\_ Nosebleeds
- 19. \_\_\_ Nose problems
- 20. \_\_\_ Sinus troubles
- 21. \_\_\_ Dental problems
- 22. \_\_\_ Hoarseness
- 23. \_\_\_ Tonsillectomy

**GASTROINTESTINAL**

- 24. \_\_\_ Poor appetite
- 25. \_\_\_ Poor digestion
- 26. \_\_\_ Difficulty swallowing
- 27. \_\_\_ Belching or gas
- 28. \_\_\_ Frequent nausea

- 29. \_\_\_ Vomiting
- 30. \_\_\_ Vomiting / coughing up blood
- 31. \_\_\_ Pain over abdomen
- 32. \_\_\_ Heartburn
- 33. \_\_\_ Bloating
- 34. \_\_\_ Intestinal / stomach pain
- 35. \_\_\_ Ulcer
- 36. \_\_\_ Black or bloody stools
- 37. \_\_\_ Liver problems
- 38. \_\_\_ Gall bladder problems
- 39. \_\_\_ Jaundice
- 40. \_\_\_ Hernia
- 41. \_\_\_ Diarrhea
- 42. \_\_\_ Constipation
- 43. \_\_\_ Hemorrhoid
- 44. \_\_\_ Appendicitis

**WOMEN ONLY**

- 45. \_\_\_ Currently pregnant
- 46. \_\_\_ Think you might be pregnant
- 47. \_\_\_ Live birth
- 48. \_\_\_ Miscarriage
- 49. \_\_\_ Painful periods
- 50. \_\_\_ Excessive flow
- 51. \_\_\_ Irregular cycles
- 52. \_\_\_ Vaginal burning / itching
- 53. \_\_\_ Hot flashes
- 54. \_\_\_ Date last period began:
- 55. \_\_\_ Date of last PAP test:
- 56. \_\_\_ Date of last mammogram

**RESPIRATORY**

- 57. \_\_\_ Difficulty breathing
- 58. \_\_\_ Chronic cough

- 59. \_\_\_ Spitting blood
- 60. \_\_\_ Spitting phlegm
- 61. \_\_\_ Wheezing
- 62. \_\_\_ Pneumonia
- 63. \_\_\_ Tuberculosis
- 64. \_\_\_ Shortness of breath
- 65. \_\_\_ Asthma

**CARDIOVASCULAR**

- 66. \_\_\_ Irregular heartbeat
- 67. \_\_\_ High blood pressure
- 68. \_\_\_ Pain over heart
- 69. \_\_\_ Previous heart trouble
- 70. \_\_\_ Ankle swelling
- 71. \_\_\_ Varicose veins
- 72. \_\_\_ Rheumatic Fever
- 73. \_\_\_ Stroke

**GENITOURINARY**

- 74. \_\_\_ Frequent urination
- 75. \_\_\_ Painful urination
- 76. \_\_\_ Blood in urine
- 77. \_\_\_ Kidney disease
- 78. \_\_\_ Urinary infection
- 79. \_\_\_ Inability to control urination
- 80. \_\_\_ Difficulty starting urine flow
- 81. \_\_\_ Get up \_\_\_ times a night to urinate
- 82. \_\_\_ Breast lump or pain
- 83. \_\_\_ Venereal infection
- 84. \_\_\_ Sexual difficulties

**SKIN**

- 85. \_\_\_ Itching
- 86. \_\_\_ Bruising easily

- 87.  Change in mole(s)
- 88.  Skin cancer
- 89.  Acne
- 90.  Hives, rash, dry skin
- 91.  Hair loss
- 92.  Excessive sweating

**NEUROLOGICAL**

- 93.  Weakness
- 94.  Twitching
- 95.  Tremors
- 96.  Headache
- 97.  Migraines
- 98.  Fainting
- 99.  Dizziness
- 100.  Convulsions
- 101.  Epilepsy
- 102.  Numbness / tingling
- 103.  Arm / leg pain
- 104.  Mental disorder

**MENS ONLY**

- 105.  Testicular pain / swelling
- 106.  Prostate problems

**ACCIDENTS / TRAUMA**

- 107.  Motor vehicle accidents
- 108.  Other trauma / accidents

**MUSCULOSKELETAL**

- 109.  Feeling of weakness / tiredness
- 110.  Neck stiffness / pain
- 111.  Pain between shoulders
- 112.  Low back pain
- 113.  Swollen joints
- 114.  Painful joints
- 115.  Muscle aches / soreness
- 116.  Abnormal spinal curvature
- 117.  Arthritis
- 118.  Broken bones / fractures:  
Location and dates: \_\_\_\_\_  
\_\_\_\_\_

**CHILDHOOD DISEASES**

- 119.  Mumps
- 120.  Measles
- 121.  Chicken pox

**HOSPITALIZATIONS**

- 122.  List dates and reasons:  
\_\_\_\_\_

**SURGERIES**

- 123.  List dates and reasons:  
\_\_\_\_\_

**MEDICATIONS**

- 124.  Prescriptions:  
\_\_\_\_\_
- 125.  Non prescription:  
\_\_\_\_\_

**NUTRITIONAL STATUS**

- 126.  Nutritional supplements:  
\_\_\_\_\_
- 127.  Herbs and botanicals:  
\_\_\_\_\_

**HABITS**

- 128.  Smoking \_\_\_\_\_ packs / day
- 129.  Drinking \_\_\_\_\_ drinks / daily
- 130.  Recreational drug use

**EXERCISE**

- 131.  None
- 132.  1-2 times a week
- 133.  3-5 times a week
- 134.  6-7 times a week

**FAMILY HISTORY**

- 135.  Diabetes
- 136.  Thyroid disease / goiter
- 137.  Tuberculosis
- 138.  Kidney disease
- 139.  High blood pressure
- 140.  Heart disease
- 141.  Cancer

- 142.  Muscle, bone, or nerve disease
- 143.  Other

**RADIOLOGY / ADVANCED IMAGING**

- 144.  X-rays; area(s) x-rayed and dates: \_\_\_\_\_  
\_\_\_\_\_
- 145.  MRI / CT scan; area(s) imaged and dates:  
\_\_\_\_\_

**WEIGHT**

- 146.  Binge eating / drinking
- 147.  Craving certain foods
- 148.  Excessive weight gain
- 149.  Compulsive eating
- 150.  Water retention
- 151.  Underweight

**ENERGY / ACTIVITY**

- 152.  Apathy / lethargy
- 153.  Fatigue, sluggishness
- 154.  Hyperactivity
- 155.  Restlessness

**MIND**

- 156.  Poor memory
- 157.  Confusion / poor comprehension
- 158.  Poor concentration
- 159.  Poor physical coordination
- 160.  Difficulty in making decisions
- 161.  Stuttering or stammering
- 162.  Slurred speech
- 163.  Learning disabilities

**EMOTIONS**

- 164.  Mood swings
- 165.  Anxiety / fear / nervousness
- 166.  Anger / irritability / aggressiveness
- 167.  Depression