



Medical History Questionnaire

Date Name

Date of Birth Gender

Address

Phone Email

Referred By

Medical History:

Indicate the health conditions that you, or your relatives have, or have had:

1 = past, 2 = current, 3 = both

	Alzheimer's	Arthritis (osteo/rheumatoid)	Asthma	Cancer	Diabetes (type I/II)	Epilepsy	Glaucoma	Gout	Hypertension	Hypothyroid/ Hyper	Kidney (disease/stones)	Neurobiological	Stomach Ulcer	Periodontal	Osteoporosis	Obesity	Heart/Stroke
You																	
Father																	
Mother																	
Brothers																	
Sisters																	
Spouse																	
Children																	
Maternal Grandparents																	
Paternal Grandparents																	



Indicate any other illnesses or conditions that you now have, or have had.

1= past, 2 = current, 3= both

	Abscesses		Cold Feet/Hands		Herpes/Cold Sores
	Acne		Colitis (ulcerative)		Hot Flashes
	ADD/ADHD		Constipation		Hypochlorhydria (low HCl)
	Adrenal (hypo/hyper)		Crohn's Disease		Hypoglycemia
	AIDS		Cystitis (interstitial)		Impotence
	Alcoholism		Depression		Infection
	Allergies/ Hay Fever		Dermatitis/ hives/rashes		Inflammation (general)
	Alopecia/ Hair Loss		Diarrhea (chronic)		Insomnia
	Amenorrhea		Diverticulosis/litis		Lactose Intolerance
	Anemia		Drug Addiction		Liver Disease or Problems
	Anxiety		Dry Skin		Low Blood Pressure
	Appetite (excess/reduced)		Dysmenorrhea		Lung Problems
	Arrhythmia		Ear Infections (recurrent)		Lupus
	Arteriosclerosis		Eating Disorder		Lyme Disease
	Autism		Eczema		Macular Degeneration
	Back Problems/ Sciatica		Endometriosis		Major/Minor Surgery
	Bacterial Infection		Epstein Barr Virus		Menstrual Irregularities
	Bad Breath (halitosis)		Eye Disease/ Vision Issues		Metabolic Syndrome
	Bell's Palsy		Fainting/Dizzy Spells		Multiple Sclerosis
	Benign Breast Tumor		Female Infertility		Nausea - chronic
	Benign Prostatic Hyperplasia		Fibrocystic Breast Disease		Nervousness



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	Bipolar Disorder		Fibroids (uterine)		Night Blindness
	Bleeding Gums		Fibromyalgia		Numbness
	Bronchitis/ Persistent Cough		Flatulence (gas)		Parkinson's Disease
	Bruxism (teeth grinding)		Fungal Infections		PMS
	Bursitis		Gall Bladder Issues		Pneumonia
	Candida Albicans		Gastric Ulcer/ Gastritis		Psoriasis
	Canker Sores		Genital-Urinary Infection		Seizures
	Carbohydrate Sensitivity		GERD/ Indigestion		Shingles (herpes zoster)
	Cataracts		Gingivitis/ Bleeding Gums		Stroke
	Bronchitis		Goiter		Tendonitis
	Celiac Disease		Headache/ Migraines		Tinnitus (ringing in ears)
	Cervical Dysplasia		Heavy Metal Toxicity		Triglycerides - high
	Cholesterol - high/low (LDL)		Hemorrhoids		Ulcer
	Cholesterol - high/low		Hepatitis		Varicose Veins
	Chronic Fatigue Syndrome		Hernia (hiatal/inguinal)		Vertigo
	Cirrhosis		Herniated Disc		Other