Health History Questionnaire

The purpose of this form is to understand your past and present medical history.

Have you received any of the COVID-19 Vaccines? If Fully Vaccinated, please bring card to 1st appointment for verification. *

- [ ] No
- [ ] 1st Shot
- [ ] 2nd shot (less than 2 weeks ago)
- [ ] Fully Vaccinated (more than 2 weeks from last required shot)

Preferred Pronoun(s)

- [ ] she/her/hers
- [ ] he/him/his
- [ ] they/their/theirs
- [ ] Other

If Other, please provide appropriate answer

Primary Complaint *

Relieving Factors (better with)

Aggravating (worse with)

Secondary Complaint

Other Complaints

Tell Us About Your Past Medical History

Please Mark The Check Box If You Previously Suffered From These Conditions.

- [ ] Anemia
- [ ] Anxiety
- [ ] Appendicitis
- [ ] Asthma/COPD/Emphysema
- [ ] Autoimmune disorders
- [ ] Bronchitis
- [ ] Chronic Fatigue
- [ ] Colitis/IBS, Chron's disease
- [ ] Depression
- [ ] Gout
- [ ] Headache
- [ ] Heart Disease
- [ ] Hepatitis B / C
- [ ] Herpes Simplex
- [ ] High Blood Pressure
- [ ] High Cholesterol
- [ ] HIV
- [ ] Hypertension
- [ ] Mental Illness
- [ ] Migraine
- [ ] Neurodegenerative conditions
- [ ] Pacemaker
- [ ] Paralysis
- [ ] Pneumonia
- [ ] PTSD
- [ ] Reynaud's Disease
- [ ] Stroke

- [ ] Diabetes Type 1 /Type 2
- [ ] Hyper/Hypo Thyroid
- [ ] Tuberculosis
- [ ] Epilepsy/Seizures
- [ ] Kidney Stones
- [ ] Ulcers
- [ ] Fibromyalgia
- [ ] Low Blood Pressure
- [ ] Uterine Fibroids
- [ ] Gallstones
- [ ] Meningitis
- [ ] STD's

Addictions

Cancer? What Type?

Hospitalization, Operations and Significant Traumas

Your Family's Medical History

Addictions

Diabetes

Cancer

High Blood Pressure

Fatty Liver

Mental Disease

Heart Disease

Thyroid Disease

Strokes

Exercise

Tell Us About Your Lifestyle

Diet

Stress level (0=none, 10=extremely high)

Select a value

Mark The Ones That Describe You

- [ ] Sleep After Midnight
- [ ] Drink Coffee Often
- [ ] Drink Soda Often
- [ ] Smoke Tobacco Daily
- [ ] Smoke Marijuana Often
- [ ] Drink Alcohol Often

Recreational Drugs?

Current State of Health

My Body Temperature Feels?

- [ ] Hot
- [ ] Cold
- [ ] Normal

General Symptoms

- [ ] Edema
- [ ] Bruise Easy
- [ ] Chills
- [ ] Fever
- [ ] Body Aches
- [ ] Aversion To Wind
- [ ] Aversion To Cold
- [ ] Aversion To Heat
- [ ] Strong Thirst
- [ ] Low Thirst
- [ ] Poor Appetite
- [ ] Night Sweats
- [ ] Insomnia
- [ ] Fatigue
- [ ] Nasal Congestion
- [ ] Foggy Headed
- [ ] Dizziness
- [ ] Short Of Breath

Musculoskeletal

What Areas Are Painful?

- [ ] Head
- [ ] Neck
- [ ] Shoulder
- [ ] Upper Back
- [ ] Middle Back
- [ ] Lower Back
- [ ] Ribs
- [ ] Wrist
- [ ] Hip
- [ ] Upper Leg
- [ ] Side of Leg
- [ ] Lower Leg
- [ ] Knee
- [ ] Ankle
- [ ] Foot
- [ ] Fingers
- [ ] Toes
- [ ] Groin
- [ ] General Muscle Weakness
- [ ] Muscle Tightness
- [ ] Full Body Aches/Pain

Head, Ears, Eyes, Nose and Throat

Select all that apply:

- [ ] Dry Eyes
- [ ] Red Eyes
- [ ] Blurry Vision
- [ ] Poor Night Vision
- [ ] Floaters
- [ ] Eye Strain
- [ ] Difficult to Focus
- [ ] Cataracts
- [ ] Glasses/Contacts
- [ ] Ear Ringing: High Pitch
- [ ] Ear Ringing: Low Pitch
- [ ] Poor Hearing
- [ ] Blocked Sinus
- [ ] Grinding Teeth
- [ ] Dental Problems
- [ ] Hoarse Voice
- [ ] Headaches
- [ ] Concussion
- [ ] Mouth Sores/Ulcers
- [ ] Migraines
- [ ] Nose Bleeds
- [ ] TMJ
- [ ] Facial Pain
- [ ] Ear Aches
- [ ] Sore Throat
- [ ] Feeling of Lump in Throat
- [ ] Excess Saliva

Cardiovascular

Select all that apply:

- [ ] High Blood Pressure
- [ ] Low Blood Pressure
- [ ] Irregular Heart Beat
- [ ] Heart Beating Fast
- [ ] Heart Palpitations
- [ ] Cold Hand/Feet

- [ ] Swelling of Hand/Feet
- [ ] Phlebitis
- [ ] Chest Pain
- [ ] Fainting
- [ ] Left Arm Pain
- [ ] Varicose Veins

Respiratory

Select all that apply:

- [ ] Dry Cough
- [ ] Wet Cough
- [ ] Bronchitis
- [ ] Phlegmy
- [ ] Pneumonia
- [ ] Asthma
- [ ] Pain When Breathing Deep
- [ ] Short of Breath
- [ ] Chest Tightness
- [ ] Post Nasal Drip
- [ ] Labored Breathing
- [ ] Breath Feels Hot

Gastrointestinal

Select all that apply:

- [ ] Nausea
- [ ] Constipation
- [ ] Diarrhea
- [ ] Gas
- [ ] Bloating
- [ ] Abdominal Pain/Cramp
- [ ] Hiccup
- [ ] Acid Regurgitation
- [ ] Belching
- [ ] Indigestion
- [ ] Bad Breath
- [ ] Rectal Pain
- [ ] Anal Fissures
- [ ] Itchy Anus
- [ ] Hemorrhoids

Urogenital

Select all that apply:

- [ ] Frequent Urination
- [ ] Wakes Up To Urinate
- [ ] Pain During Urination
- [ ] Incomplete Urination
- [ ] Decrease Flow
- [ ] Decrease Stream Power
- [ ] Unable to Hold Urine
- [ ] Bedwetting
- [ ] Urinary Tract Infection
- [ ] Smelly Urine
- [ ] Dark Yellow Urine
- [ ] Kidney Stones
- [ ] Wet Dreams
- [ ] Impotence (if applicable)
- [ ] Enlarged Prostate (if applicable)
- [ ] Low Semen Volume (if applicable)
- [ ] Premature Ejaculation
- [ ] Genital Itching
- [ ] Genital Sores
- [ ] High Libido
- [ ] Low Libido

Gynecological and Obstetrics (if applicable)

Select all that apply:

- [ ] Currently Pregnant
- [ ] Irregular Menses
- [ ] Menstrual Clots
- [ ] No Menstrual Cycle
- [ ] Endometriosis
- [ ] Ovarian Cysts
- [ ] PCOS
- [ ] PMS
- [ ] PID
- [ ] Uterine Fibroids
- [ ] Vaginal Sores
- [ ] Frequent Yeast Infections

Gynecological (if applicable)

Last Menstrual Period

Date of Last PAP

Age Menses Started

Number of Days Between Periods?

How Many Days Do You Bleed (During Period)?

Menstrual Blood Clots

Color of Menstrual Blood

What is Your Flow Like?

Irregular Menses

Mid-Cycle Bleeding?

Menopause

Birth Control

Breast Lumps

Vaginal Discharge

Obstetrics (if applicable)

How many months pregnant? (if applicable)

Previous Live Births?

Premature Births?

Any Miscarriages?

Previous Abortions?

IVF

Neuropsychological

Do You Feel Numbness?

- [ ] Face
- [ ] Shoulder
- [ ] Arms
- [ ] Wrists
- [ ] Fingers
- [ ] Toes
- [ ] Legs
- [ ] Ankles
- [ ] Foot

Frequent Emotions

- [ ] Fear
- [ ] Grief
- [ ] Worried
- [ ] Depression
- [ ] Anxiety
- [ ] Anger

- [ ] Suicidal
- [ ] Irritable
- [ ] Manic

General Symptoms

- [ ] Dizziness
- [ ] Loss of Balance
- [ ] Lack of Coordination
- [ ] Memory Loss
- [ ] Tremors
- [ ] Panic Attacks

Paralysis

Other Neurological Issues

Anything We Missed or You Want To Tell Us?