



Personal & Family History:

Height: _____ Weight: _____

Have you or anyone in your family had any of the following? If yes, please indicate who:

Cancer (indicate type): _____ Diabetes: _____

Heart disease: _____ High blood pressure: _____

Stroke: _____ Mental Illness: _____ Kidney/Bladder problems: _____

Thyroid issues: _____ Arthritis (indicate type): _____ Allergies: _____

Are you currently pregnant? Y / N Do you have a pacemaker or any metal devices inside your body? Y / N

Do you have any of the following? Please indicate:

- Hepatitis
- HIV/AIDS
- HPV
- Herpes

For the following, check any that apply to you currently:

Energy and Immunity

- Fatigue
- Food Allergies
- Seasonal Allergies
- Lymph Gland Swelling
- Anemia
- Chronic Fatigue Syndrome
- Thyroid Problems
- Tendency to Catch Colds Easily

Head, Eye, Ear, Nose, and Throat

- Glasses/Contacts
- Eye Dryness
- Blurry Vision
- Poor Night Vision
- Ear Ringing
- Hearing Difficulties
- Headaches
- Migraines
- Teeth Grinding/TMJ
- Sore Throat
- Sinus Congestion/Infections
- Dry Mouth/Bad Breath
- Mouth Sores/Bleeding Gums
- Increase in Thirst

Emotions/Sleep

- Mood Swings
- Anxious/Worried
- Easy to Anger
- Tearful
- Unusually Fearful
- Obsessive in Work, Relationships, etc.
- Insomnia
- Nightmares
- Difficulty Falling or Staying Asleep
- Difficulty Making Decisions

Respiratory/Cardiovascular

- Shortness of Breath
- Asthma/Wheezing
- Chest Pain
- Palpitations/Fluttering
- Poor Circulation (Cold hands/feet)
- Cough
- Night Sweats
- Unusual Sweating
- Irregular Heartbeat
- Hot/Cold Intolerance

Gastrointestinal

- Ulcers
- Changes in Appetite
- Nausea/Vomiting
- Bloating/Pain
- Gas
- Food Cravings
- Heartburn/Reflux
- Belching
- Hemorrhoids
- Diarrhea
- Constipation
- Sudden Weight Loss
- Low Blood Sugar

Kidney/Urinary

- Painful Urination
- Frequent Urinary Tract Infections
- Frequent Urination
- Urination at Night
- Edema/Swelling
- Reduced sexual energy

Musculoskeletal

- Neck/Shoulder Pain
- Muscle Spasms/ Cramps/weakness
- Arm Pain
- Finger pain/tingling/numbness
- Upper Back Pain
- Mid Back Pain
- Low Back Pain
- Leg/Knee Pain
- Foot Pain
- Joint Pain or Swelling (Please Describe):

Neurological

- Vertigo/Dizziness
- Numbness/Tingling
- Loss of Balance
- Difficulty Concentrating/Memory

Skin

- Rashes/Eczema/Hives/Psoriasis
- Dry hair or hair loss
- Changes in Skin Color
- Easy Bruising
- Acne
- Dry/Itchy Skin
- Rosacea

Male Health

- Prostate Enlargement
- Prostatitis
- Impotence
- Premature Ejaculation
- Decreased Libido
- Groin Pain
- Low Sperm Count
- Poor Motility

Female Health

- Irregular cycle
- Heavy flow (flooding)
- Light flow (trickling)
- Clotting of menstrual blood
- Premenstrual moodiness
- Premenstrual breast tenderness
- Bleeding between cycles
- Acne with period
- Painful Periods (If checked, is the pain before, during and/or after period?)

- Low back pain with periods
- Hot flashes
- Vaginal Dryness
- Breast Lump/Cysts
- Uterine fibroids
- PCOS
- Endometriosis
- Ovarian cysts
- Unusual Vaginal Discharge/Odor
- Frequent Yeast Infections

Lifestyle:

Do you have an exercise routine? Describe _____

How many hours per night do you sleep? _____ Do you wake rested? Y / N

Nicotine Use: _____

Alcohol Use (#drinks/week and type of alcohol): _____

Caffeine Use (#drinks/day and type of beverage): _____

Water intake (how much/day): _____

Is there anything else we should know?

