

MEDICAL HISTORY / ANAMNESIS

Patient:	DoB:	Date:
Height:	Weight:	
Personal Medical History (including dates):		
Birth: Childhood: Surgery (age): Inpatient episodes: Diagnosed medical conditions:		
Family Medical History (including dates):		
Mother (age): Father (age): Grandparents: Others:		
		Children (age/sex): Brothers & Sisters:
Current State of Health (including dates):		
Complaints (list by importance / provide dates):		
Digestion: Bloating: Heartburn: Nausea:	Belly pain, cramps: Bowel movements: Stool consistency: Undigested foods in stool:	
Urinary system issues: Sexual dysfunction:	Libido: Fertility:	
Sleep: Memory: Concentration: Stress:	Motivation: Mood: Anxiety: Depression:	
Skin: Hair: Nails: Mouth ulcers: Teeth (amalgams / root canals):	Eczema: Acne: Herpes: Psoriasis: Gums:	
Frequent infections: Eye condition: Joints: Weight gain:	Spine disorders: Blood circulation: Periods / PMS: Weight loss:	
Allergies / Hay fever:	Allergies to foods:	
Current medications: Current supplements:		
Contraception: Drug intolerances:	Environmental toxic exposure(s): Cosmetics (chemicals): Blood donations:	