## 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):		
Digestion:	Belly pain, cramps:	
Bloating:	Bowel movements:	
Heartburn:	Stool consistency:	
Nausea:	Undigested foods in stool:	
Urinary system issues: Sexual dysfunction:	Libido: Fertility:	
Sleep: from: to:	Motivation:	
Memory:	Mood:	
Concentration:	Anxiety:	
Stress:	Depression:	
Skin:	Eczema:	
Hair:	Acne:	
Nails:	Herpes:	
Mouth ulcers:	Psoriasis: Gums:	
Teeth (amalgams / root canals):		
Frequent infections:	Spine disorders: Blood circulation:	
Eye condition: Joints:	Periods / PMS:	
Weight gain:	Weight loss:	
Allergies / Hay fever:	Allergies to foods:	
Current medications:		
Current supplements:		
Contraception:	Environmental toxic exp	osure(s):
Drug intolerances:	Cosmetics (chemicals): Blood donations:	

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