Please print | This information will be contained in your confidential medical history | Please print

Mukilteo Natural Health Clinic

HEALTH HISTORY

Name (first, middle, last)	Age:	Today's Date:

PAST HISTORY

Please give names and dates

Major Illnesses:

previous hospitalizations or surgeries:

WELL BEING

Goals for Health:

What practices or activities do you use to sustain your health and well being?

Who do you turn to for support? Who are in your community?

Who lives in your household?

What causes stress for you?

DIET: ___Fast Food ___All American ___Vegetarian ___Balanced ___Other _____

SMOKING: Packs per day _____ Number of years _____ Years stopped _____ Pipe Cigar Chew

ALCOHOL: Never Occasional Moderate Heavy Alcohol Problem? Y N How much each week?

EXERCISE: Never Occasional Moderate Often Favorite types?

CAFFEINE: Coffee: _____ cups per day Tea: _____ cups per day

Height: _____ Weight _____ Weight at age 20 _____ Weight change last year: gain _____ lbs. lost _____ lbs.

OCCUPATIONAL EXPOSURES: _____ Asbestos _____ Other (describe)

DRUGS:

1 _____ 6 _____

2 _____ 7 _____

3 _____ 8 _____

4 _____ 9 _____

5 _____ 10 _____

Drug allergies/Type of reaction: **ALLERGIES:**

Food sensitivities:

FAMILY HISTORY:		CHILDRENS AGES/NAMES	
	Diabetes		
	Heart disease		
	High blood pressure		
	Thyroid		
	Cancer		
	Alcoholism		
	Other		

Please complete other side

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HEALTH HISTORY - PAGE 2

PLEASE STATE YOUR CHIEF CONCERNS, MAIN PROBLEM, OR REASON(S) FOR SEEING THE DOCTOR:

SYSTEM REVIEW: Check if you have any symptoms or problems to any important or significant degree.

☐	Tired all the time	☐	Frequent chest colds	☐	Indigestion	☐	Sugar in urine
☐	Don't feel well	☐	Bronchitis	☐	Heartburn	☐	Hypoglycemia
☐	Weakness	☐	Pneumonia	☐	Nervous stomach	☐	Low blood sugar
☐	Weight problem	☐	Shortness of breath	☐	Ulcers	☐	Thyroid trouble
☐	Fluid retention	☐	Asthma/wheezing	☐	Vomiting blood	DATE OF last urinary or bladder infection:	
☐	Lack of exercise	☐	Hayfever	☐	Black or bloody stools		
DATE OF LAST PHYSICAL EXAM:		☐	Pleurisy	☐	Rectal bleeding	☐	Bladder problems
		☐	Chest pain	☐	Abdominal pain	☐	Kidney infection
☐	Headache	☐	Heart trouble	☐	Nervous or spastic colon	☐	Kidney trouble
☐	Migraine	☐	Heart murmur	☐	Colitis	☐	Kidney stone
☐	Fainting	☐	Heart palpitation/racing	☐	Diarrhea	☐	Difficulty with urine
☐	Dizziness	☐	Chest tightness/pressure	☐	Constipation	☐	Protein or blood in urine
☐	Epilepsy/seizure	☐	Angina	☐	Change in bowel habits	☐	Sexually transmitted disease
☐	Ear/hearing problem	☐	Tire easily	☐	Hemorrhoids	☐	Skin rash
☐	Ringing in the ears	☐	Enlarged heart	☐	Gall bladder trouble	☐	Skin trouble
☐	Stuffy nose	☐	Rheumatic fever	☐	Hepatitis	☐	Allergy
☐	Nose bleeds	☐	Leg pain on walking	☐	Liver disease	☐	Food avoidance
☐	Sinus trouble	☐	Varicose veins	☐	Hernia	☐	Bleed or bruise easily
DATE OF LAST DENTAL EXAM:		☐	Phlebitis	☐	Food intolerance	☐	Anemia
		☐	Ankle/leg swelling	☐	Nervous	☐	Blood disease
☐	Persistent hoarseness	DATE OF LAST CHEST X-RAY:		☐	Tense/irritable	☐	Infertility problem
☐	Glasses			☐	Bored	☐	Sexual difficulty
☐	Vision/eye trouble	DATE OF LAST Electrocardiogram:		☐	Depressed	☐	
☐	Glaucoma			☐	Trouble sleeping	**MEN ONLY:**	
☐	Cataract	☐	Arthritis/joint pain	☐	Relationship problems	☐	Discharge from penis
DATE OF LAST EYE EXAM:		☐	Gout	☐	Job problems	☐	Prostate trouble
		☐	Neck pain	☐	Personal problems	☐	Stream weak or slow
☐	Frequent cough	☐	Back pain or trouble	☐	Nervous breakdown	☐	Swelling or pain in testes
☐	Cough phlegm	☐	Bursitis/tendentious	☐	Psychiatrist seen	DATE OF VASECTOMY:	
☐	Cough blood	☐	Swallowing trouble	☐	High blood sugar		

WOMEN ONLY:

Age menstruation began: _____ Periods: ____Regular ____Irregular ___Painful ___Heavy Every_____days

Comments: Last menstrual period date(s):_____

Number of PREGNANCIES:____ Number of BIRTHS:____ Number of Miscarriages/Abortions:____

Dates of PREGNANCIES / outcome:

Type of birth control: _____ How Long?_____ IUD? ____Yes ____No Years inserted _____

Date of last mammogram _____ History of breast disease?

Symptoms of menopause?

(Additions to health history)

Please complete other side