

MEDICAL HISTORY QUESTIONNAIRE

Date: _____ Name: _____

Please tick any of the conditions or symptoms you have or had a history of:

PAIN:

- Headaches
- Migraines
- Back
- Neck
- Other: _____

THYROID:

- Hypo
- Hyper
- Removed (date): _____

ALLERGIES:

- Foods:
- Drugs: _____
- Chemicals: _____
- Hay Fever
- Pollen, Dust, Grasses
- Psoriasis
- Eczema
- Asthma

CANCER:

- Chemotherapy
- Organ Removed: _____
(date): _____
- Natural Therapies
- Type of Cancer: _____

BLOOD SUGAR:

- Diabetes
- Hypoglycemia

RESPIRATORY:

- Lung Disease
- Pneumonia
- Asthma

BONES/JOINTS:

- Osteoporosis
- Arthritis
- Gout

HEART/CIRCULATORY:

- Irregular Heart
- Heart Murmur
- Chest Pain/Angina
- Heart Disease
- Stroke
- High Blood Pressure
- High Cholesterol
- Dizziness
- Fainting
- Anemia

GASTROINTESTINAL:

- Chronic Constipation
- Irritable Bowel Syndrome
- Diverticulitis
- Prolapse
- Chronic Diarrhoea
- Haemorrhoids
- Hernia
- Ulcers
- Liver Disease: _____
- Gall Bladder: _____
- Organ Removed: _____
(date): _____

REPRODUCTIVE FEMALE:

- Bleeding Problems
- Endometriosis
- Polycystic Ovaries
- PMS
- Organ Removed: _____
(date): _____
- Hernia
- Birth Defects

MALE:

- Prostate Problems
- Organ Removed: _____
(date): _____

MEDICAL HISTORY QUESTIONNAIRE pt 2

FAMILY HISTORY:

Have any of your family members suffered any of the previous illnesses?

	AGE	STATE OF HEALTH	CAUSE OF DEATH
FATHER	_____	_____	_____
MOTHER	_____	_____	_____
BROTHERS	_____	_____	_____
	_____	_____	_____
SISTERS	_____	_____	_____
	_____	_____	_____

PTHER HISTORY:

SMOKING

Do you smoke? _____

Cigarettes per day? _____

If you used to smoke, when did you quit?
 (date) _____

COFFEE

Cups of coffee per day? _____

Cups of tea per day? _____

ALCOHOL

Daily? _____

Weekends? _____

Rarely? _____

Socially? _____

ARE YOU TAKING ANY OTHER MEDICATIONS?

- Blood Pressure
- Cholesterol
- Cardiac Medication
- Diuretics
- Anticoagulants
- Beta Blockers
- Tranquilizers
- Hormones/HRT
- Birth Control Pills
- Aspirin
- Vitamins/Herbs
- Laxatives
- Over counter prescriptions
- Steroids (e.e Prednisone, Cortisol, Cortisone)
- Arthritic
- Anti-inflammatories
- Other: _____