

Health History Assessment

ALCHEMY/ Healing Studio
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Definition:

1. A medieval chemical science and speculative philosophy aiming to achieve the transmutation of the base metals into gold.
2. The discovery of a universal cure for disease and the discovery of a means of indefinitely prolonging life.
3. A power or process of transforming something common into something special.

First Name:	Last Name:					Date:			
Email:						Birth Date:	Age:		
Mailing Address:					City:	State:			
Home Phone #			Cell Phone #			Zip:			
Driver's License #		State:			Social Security #		(For insurance)		
Occupation:					Employer:				
Work Phone					Emergency Contact/Phone #				
Spouse's Name:					Spouse's Cell Phone #				
Spouse's Occupation:					Spouse's Employer:				
Referred By/Relation:					Have you ever been			Y	N
Please list you top 5 current complaints:									
1									
2									
3									
4									
5									

Have you ever lived in or visited a 3rd world country? (If so, list where, when and for how long)

Does any of your work history include exposure to chemicals, fumes, pesticides, metals, heavy lifting, electro-magnetic & other radiation, asbestos, high stress, or anything else health related? (If so, describe and give dates)

Please list any trauma you've had recently or in the past & give dates. (Car accident, fall, concussion, whiplash)

Health History Assessment

Check the following boxes: 1 = Light/Occasional 2 = Moderate 3 = Severe/Constant P = Problem in past (If no, leave blank)

GENERAL	1	2	3	P	NOSE AND SINUSES	1	2	3	P
Fever					Stuffy / blocked nose				
Pain / aching:					Runny nose				
Where:					Sinus infection				
Describe (sharp, dull etc.):					Nasal polyps				
How long:					Sinus pain				
Under what conditions:									
Fatigue					MOUTH				
Under what conditions:					Bad breath				
How long:					Coated tongue				
Swollen glands					Sore tongue				
General weakness					Bleeding gums				
Frequent colds or infections					Canker sores				
SKIN					THROAT				
Cuts heal slowly					Need to clear throat / mucus				
Bruise easily					Difficulty swallowing				
Rash					Hoarseness				
Eczema, psoriasis					Tonsillitis				
Pigmentation / brown spots					Soreness				
Fungus infection on toes or elsewhere					Enlarged glands				
Changing moles									
Acne / pimples					NECK				
Nails split or ridged					Stiffness				
Crawling sensation					Swelling				
Burning on bottom of feet					Lumps				
Peeling or cracking skin on feet									
Other skin problems					CIRCULATION				
					Swollen ankles				
HEAD					Sensitive to heat				
Poor concentration					Sensitive to cold				
Confusion					Extremities cold or clammy				
Headaches					Hands and feet go to sleep / numb				
Where (front, back, etc.):					High blood pressure				
When (after eating, morning, etc.):					Low blood pressure				
Mental sluggishness					Chest pain				
Poor memory / forgetfulness					Dizziness on arising				
Indecisive					Dizziness, faintness				
Face twitch					High cholesterol				
Hair loss					Numbness				
Head pressure					Irregular or pounding heartbeat				
					Varicose veins				
EARS					Angina (heart / chest pain)				
Pain / aching in ears					Enlarged heart				
Ear infections					Heart murmur				
Ringing / buzzing					Phlebitis				
Itching in ear canal					Swollen glands				
Itching & redness when wearing earrings					Difficulty sweating				
Deafness					Night sweats				
DENTAL					ELECTROMAGNETIC RADIATION				
Metal amalgam fillings					Live under or near power lines				
Root canals					Work with computers				
Bridges in mouth					Use a waterbed or electric blanket				
Crowns/caps					Use a cellular or portable phone				
Material used:					Frequent x-rays				
Sensitive teeth					Other radiation exposure				
Braces/retainer					Describe:				
How long:									

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EYES	1	2	3	P	REPRODUCTIVE / GENITAL	1	2	3	P	
Gritty feeling in eyes / dry eyes					Male:					
Blurred vision					Lump in testicles					
Double vision					Sore on penis					
Poor night vision					Penis discharge					
Bright flashes					Erection problem					
Halos around lights					Diminished sex desire					
Eye pains					Hernia					
Dark circles under eyes					Female:					
Sensitive to sunlight or strong light					Fibroids in breasts					
Wear sunglasses					Breast lumps					
Watery eyes					Nipple discharge					
Cataracts					Vaginal itching					
Floater in eyes					Vaginal discharge					
Blindness					Non-period bleeding, spotting					
Glaucoma					Hot flashes					
					Diminished sex desire					
GASTROINTESTINAL / DIGESTION					Pain with intercourse					
Ulcers					Change in periods					
Poor appetite					Pain other than with periods					
Excessive appetite					Endometriosis					
Gallbladder attacks or stones					Menstrual cramps					
Nervous stomach					Possible pregnancy					
Sweets upset					Infertility, difficulty getting pregnant					
Indigestion										
Heartburn					STRUCTURAL					
Nausea					Head injury					
Vomiting					Concussion					
Vomiting blood					Whiplash					
Abdominal pains or cramps					Neck stiffness					
Bloating / abdominal distention					Low back stiffness					
Gas					Joint pains					
Diarrhea					Joint swelling					
Constipation					Muscle weakness					
Alternating constipation and diarrhea					Muscle lumps / swelling					
Bowel habit changes					Muscle stiffness					
Rectal bleeding					Bump on bones					
Tarry stools					Damp weather causes aching					
Laxatives used often					Mobility problems					
Incomplete bowel evacuation					Tightness or pain between shoulder blades					
Colon or bowel trouble					Feel like head is in front of body					
Abnormal stomach x-ray					Harder to move neck in one direction					
Appendicitis					Wallet in hip pocket habitually					
Rectal itch					Heavy purse over shoulder habitually					
Hemorrhoids					Body or face not symmetrical					
					Pain or popping in jaw					
KIDNEYS / URINARY TRACT					Other structural injury:					
Burning urination										
Frequent urination					RESPIRATION					
Blood in urine					Wheezing					
Cloudy urine					Low exercise tolerance/Exercise-induced asthma					
Nighttime urination					Frequent coughing					
Problem passing urine					Cough up blood					
Trouble controlling urine / incontinence					Pain when breathing deeply					
Kidney pain (mid-back)					Breathing heavily					
Kidney stones					Sigh frequently					
Kidney infection					Inability to take a deep breath					
					Asthma					
BIRTHING FACTORS - WERE YOU:					Chronic bronchitis					
Cesarean section (C-section)					Emphysema					
Premature					Shortness of breath					
Forceps delivery					Tuberculosis					
Breast fed										

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NUTRITIONAL	1	2	3	P		NEURO-MUSCULAR	1	2	3	P
Craving for sweets/fruit						Can't go to sleep				
Craving for vinegar/ketchup						Can't stay asleep				
Craving for bread/starches/pasta						Sleep too much				
Craving for fatty foods						Speech problem				
Craving for spicy foods						Leg or arm weakness				
Craving for salt						Balance problems				
Craving for coffee/tea/cola (caffeine)						Muscle cramping				
Craving for alcohol						Shaking, twitching				
Abnormal thirst										
Sleepy after meals						OTHER MEDICAL PROBLEMS (Infections/Illnesses)				
Pain after meals						AIDS				
Irritable before meals						Anemia				
Poor smell / taste						Arthritis				
Appetite loss, anorexia						Cancer				
Weight gain						Cirrhosis of the liver				
Difficulty losing weight even on diet						Diabetes				
Weight loss						Gout				
Difficulty gaining or maintaining weight						Goiter				
Bulimia (binge / purge)						Hay fever				
						Heart attack				
ALLERGIES/SENSITIVITIES						Hepatitis				
Pollen (Environmental)						Monoculeosis				
Mold						Obesity				
Smoke						Parasites				
Dust						Poor blood clotting				
Cologne						Polio				
Metals (cheap jewelry)						Stroke				
Penicillin						Thyroid overactive				
Sulfa drugs (antibiotics)						Thyroid underactive				
Foods (list)						Warts				
						Yeast infection/Thrush on tongue				
PSYCHOCIAL										
Emotional trauma in the past year?						BROKEN BONES (list)				
Feeling that life is unsatisfactory						1				
Feeling that life is boring						2				
Feeling that life is demanding and stressful						3				
Worry about home life, relationship, children						4				
Worry about health						5				
Worry about job, income, money						6				
Depression						MEDICATIONS CURRENTLY WHAT FOR?				
Anxiety						1				
Phobias, irrational fears						2				
Irritability						3				
Anger						4				
Shyness, timidity						5				
Cry often or easily						6				
Feel inferior						7				
Have you considered or attempted suicide						8				
Nervous breakdown						NUTRITION CURRENTLY T WHAT FOR?				
						1				
PERSONAL HABITS						2				
Smoke cigarettes: How many packs a day? ()						3				
If quit smoking, how many years ago? ()						4				
Chew tobacco						5				
Coffee: How many cups a day? ()						6				
Drink alcohol: How much a day? ()						SURGERIES/HOSPITALIZAT DATE:				
Recreational drugs						1				
Type:						2				
						3				
Drink water						4				
Drink soft drinks						5				
Exercise						6				