

# Medical History Form

Name: \_\_\_\_\_ First name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_\_\_

1- Present health concerns/symptoms/issues: \_\_\_\_\_

2- List medical test and treatments relating to the above: \_\_\_\_\_

3- Past health complications or surgeries \_\_\_\_\_

4- Current prescribed medication with relating condition \_\_\_\_\_

Smoking (including passive smoking) \_\_\_\_\_

Past & current alcohol (type and frequency) \_\_\_\_\_

Past or current recreational drugs (type & frequency) \_\_\_\_\_

Known allergies \_\_\_\_\_

Vitamins & Supplements \_\_\_\_\_

Last vaccination \_\_\_\_\_

(If not enough space, please use other side of page)

### Current Symptoms Review (Please tick & circle where applicable)

#### Digestion

- poor appetite
- abdominal pain / leaky guts syndrome
- indigestion / stomach acidity / reflux / heart burn
- trouble swallowing
- diarrhoea / constipation / bloating
- nausea or vomiting
- rectal bleeding or blood in stools
- Irritable bowel syndrome / change in bowel habits

#### Cardiovascular

- chest pain
- history of angina or heart attack
- high/low blood pressure
- irregular beat / heart murmur
- poor blood circulation / heavy legs / varicose veins
- easy bruising or other: \_\_\_\_\_

#### Pulmonary/lungs

- shortness of breath
- persistent cough
- coughing up blood
- asthma or wheezing

#### Muscle/joint/bone/spine

- swelling of ankles or legs
- Pain, weakness or numbness/tingling in:
  - arms or hands
  - lower back or hips
  - legs or feet
  - neck or shoulders
  - sciatica / torticoli or spontaneous cramps
  - poor repair of damage tissues
  - low bones density / easy breakage

#### Neurological

- stroke / seizure / epilepsy
- fibromyalgia / motor neuron disease
- blackouts or loss of consciousness
- restless legs syndrome
- general anaesthetic / near drowning
- Parkinson's/Alzheimer's or other: \_\_\_\_\_

#### Hormone

- diabetes
- thyroid disease
- excessive thirst

#### General

- weight gain/loss during last 6 months
- poor sleep / insomnia
- headache/migraines
- depression / anxiety / stress / work overload / fear
- loss of taste/smell or nose bleed
- dizziness / vertigo / clumsy
- abnormal sweating / body temperature
- cholesterol
- poor libido/sexual disfunction \_\_\_\_\_
- low energy / tiredness / chronic fatigue
- Addictions: \_\_\_\_\_
- poor immune system \_\_\_\_\_

#### Eyes, ears, nose, throat

- blurred vision or other change in vision
- eyes sore/itchy/dry \_\_\_\_\_
- glaucoma or cataracts
- loss of hearing or ringing in ears
- tonsillitis / sinus problems/other: \_\_\_\_\_

#### Skin

- Eczema / rash / hives
- dermatitis / psoriasis / acne
- dry skin or other: \_\_\_\_\_

#### Women only

- irregular period or painful
- bleeding between periods
- endometriosis / hysterectomy
- abnormal breast or vaginal discharge
- fertility & conception problems
- other \_\_\_\_\_

#### Men only

- PSA

#### Learning & behaviour difficulties

- speech difficulties
- spelling / times tables
- concentration / confidence / self esteem
- reading / writing / dyslexia
- frustration / anger / aggression
- co-ordination
- thoughts / short term memory difficulties
- autism/ADD/ADHD
- other: \_\_\_\_\_

Other specific unlisted symptoms: \_\_\_\_\_

How do you rate yourself? (1 being worst to 10 being best):

General well being: \_\_\_\_\_ Physical: \_\_\_\_\_ Mental: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_\_