

HEALTH HISTORY FOR _____

INTERVIEWER: _____

DATE: _____

List significant traumas, injuries, stressors and health conditions during the following time periods (if applicable):

Childhood: _____

Teens: _____

20's: _____

30's: _____

40's and 50's: _____

Since you turned 60: _____

Family of Origin: Describe or tell me what it was like for you growing up in your family?



Hormonal Regulation

- I need to urinate frequently.
- I have low blood pressure.
- I regularly have complaints of a sour stomach.
- I often have to break wind after a meal.
- I have a lot of hair on my body.
- I have dry eyes, nose, mouth and vagina.

Character traits

- I am a perfectionist.
- I like to be with people.
- I can feel if I can trust people.
- I consider a clean house important.
- I have an eye for detail.
- I like to have colours perfectly matched.
- I have no trouble matching colours.
- I am often impatient.
- During my school years there was a period with poor grades.
- At least two courses which I began, I ended up not finishing.
- I have often left a project unfinished.
- I can often be compulsive.

Problems with your joints

- Problems with your joints.
- I used to dislike gym.
- I can barely do push ups or pull myself up on a rope or rings.
- My knees often bother me.
 - Usually the left one
 - Usually the right one
- I used to be very supple, even hyper mobile. Occasionally it's the other way around, very stiff.
- I am often stiff in the morning.
- I have (had) a spinal hernia.
- There seems to be a lot of play in my jaws.
- I have (had) pelvic instability.
- I have lower back problems around the time of my period.
- I used to do acrobatics, ballet or jazz ballet.
- I hear ringing (or rushing sound) in my ears.
- I am often dizzy.

Sun sensitivity

- I don't tolerate heat very well.
- If it's sunny, I usually wear sunglasses.
- I am sensitive to (sun)light.
- If I am exposed to the sun, I usually get a rash after a few days.
(watery blisters).
- I don't tan as much as I used to.
- I usually tan to a yellow or golden brown but not a deep brown.
- My face usually tans less than the rest of my body.
- I often look pale.
- I lose my tan rapidly.
- Stretch marks (after pregnancy, losing a lot of weight) tend to
be darker than surrounding skin.

Allergy

- I have hay fever (itchy eyes, runny nose or stopped up nose,
mainly in the summer.
- I am allergic to dust (mite) (itchy eyes, runny nose or stopped up
nose, mainly in winter.
- I have chronic ENT problems.
- I have CARA (asthma, shortness of breath, bronchitis).

- I am allergic to animals.
- I am sensitive to histamine (hyperreactivity).
- I regularly have eczema or a rash in my armpits.
- I get a prickly feeling (sometimes burning) in my mouth after eating:
 - nuts kiwi pineapple melon
 - apple fruit with a stone (plum, peach, apricot)
- I get skin problems after using certain cosmetics.
- I am allergic to nickel or get a rash after contact with certain jewellery.
- I am allergic to wool.
- I don't tolerate coffee very well.
- I don't tolerate alcohol very well.
- I am sensitive to gluten – I don't tolerate wheat, rye, barley or oats very well.
- I don't tolerate carbohydrates or sugars very well.
- I don't tolerate a lot of protein (especially animal protein like meat, fish, chicken etc) well.

Histamine-Sensitivity

- I am often tired.
- I have sensitive skin, have skin problems.
- I often have itchy skin.
- I often have cold hands and/or feet.

- I have “winter hands” or “winter feet”) – chapped hands or feet in the cold.
- I easily get bruises on my arms and legs.
- I often get a headache or even migraine.
- After drinking an alcoholic beverage I get noticeably red in the face and neck.
- I don't have good teeth.
- If I gain weight, it's usually on hips and thighs.
- I am or was depressed.
- I sometimes get a racing pulse or have skipped beats.
- I am very critical.

Menstrual complaints

- My periods are irregular.
- I have skipped a period, sometimes longer than 8 weeks.
- I have light periods.
- I have heavy periods.
- I am on the “pill” to control menstrual complaints.
- During or before my periods I have sensitive (sometimes swollen) breasts, bloated abdomen, abdominal pain, back pain.
- During or before my periods I can gain about two pounds.
- I often have problems with vaginal Candida infections.
- During ovulation I have a clear discharge.

- I have had often had bladder infections.
- I have had urinary or kidney infections.
- I have problems with breast cysts.
- I have a lot of body hair.
- For anti-conception I use:
 - Injection Implantate Anti-conception pill
 - Inter-uterine device with copper
 - Inter-uterine device with hormone release
 - Other/Nothing

Problems with pregnancy

- During one of my pregnancies I had morning sickness for at least 15 weeks.
- Toward the end of one of my pregnancies I had a lot problems with acid stomach.
- During one of my pregnancies I had problems with cramping or pre-eclampsia.
- During one of my pregnancies I had problems with feelings of numbness, lack of normal feeling in one of the limbs or other neurological complaints.
- I felt much fitter during pregnancy.

- I have had eclampsia during a pregnancy.
- I have had diabetes during a pregnancy.
- I have had high blood pressure during a pregnancy.
- I was anaemic during a pregnancy.
- I was depressed after a pregnancy (baby blues).
- After a pregnancy, I gained more than 10 pounds.
- Most of my babies were born somewhat early.
- I had problems with ligaments during pregnancy.
- I have had pelvic instability during or after one of my pregnancies.
- I have/had..... (*Fill in the numbers*) miscarriages.
- I have/had.....(*Fill in the numbers*) sons.
- I have/had.....(*Fill in the numbers*) daughters.
- I have/had.....(*Fill in the numbers*) brothers.
- I have/had.....(*Fill in the numbers*) sisters.
- I have/had.....(*Fill in the numbers*) nephews/male cousins.
- I have/had.....(*Fill in the numbers*) sisters.
- I have/had.....(*Fill in the numbers*) nieces/female cousins.
- I have had an ectopic pregnancy (extra-uterine).
- I have/had polycystic ovarian syndrome.
- I have a had an abnormal PAP smear (PAP II, PAP IIIa, or PAP IV).
- After a pregnancy I have had a milky discharge from my nipples for a long time.

- I have problems with a dry vagina.
 - During pregnancy I had problems with acne or lots of pimples on my back or other place
 - .It has taken longer than 4 months to become pregnant.
 - There is an autistic or MBD member of my direct family (brother/sister/child).
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Weight problems

- My weight is.....(*fill in*) pounds.
 - My length is.....(*fill in*) feet/inches.
 - I have put on weight:
 - From birth on, I was a chubby child.
 - Starting at about 10 yr. of age when puberty started.
 - About 1-2 yr. after my first menstrual period.
 - After the second or third pregnancy.
 - After menopause.
 - I have difficulty losing weight by dieting.
 - After losing weight, I seem to gain it right back again within a short period of time.
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Problems with sugar

- I usually feel tense.

- If I am tense, I tend to eat.
- I have a big appetite and don't gain weight.
- I get hungry between meals.
- I get shaky, nauseated or dizzy when I get hungry. I am easily tense, irritated or nervous before meals.
- I am less tired if I eat something.
- If I skip a meal I get shaky, pale, get dizzy or even faint.
- I wake up most nights at about 3 AM.
- I can be really aggressive at times.

General Health Problems

- I have been anaemic.
- I am often pale in the face.
- I have reacted strangely to a medicine.
If so, which?.....
- I have reacted strangely to a sleeping pill.
If so, which?.....
- I have reacted strangely to the anti-conception pill.
If so, which?.....
- I am or have been a vegetarian for a period longer than 6 months.
- I was an hyperactive child.
- I often have diarrhoea or loose stools.

- I am often constipated.
- My stools are generally light in colour.
- I frequently have upper-abdominal pain.
- I have a sensitive or spastic colon (IBS).
- I often have morning sickness.
- I have(had) a Candida (yeast) infection in my intestinal system.
- I have (had) a yeast infection in a nail (like athlete's foot).
- I have had a lot of antibiotics.
- I have had pneumonia – even more than once.
- I have had meningitis.
- I have (had) bronchitis.
- I have had mononucleosis (kissing disease).
- I have an enlarged thyroid.
- I have other thyroid problems. What?.....
- I have restless legs.
- I have problems sleeping.
- I often have cramps in legs or feet
- I am sensitive to pain.
- I sometimes see double.
- My eyelids often twitch.
- My calf muscles are always/often tense or tight.
- My muscles can often twitch.
- I have problems with body odour.
- I have often white spots or stripes in/on my nails.

- I have a problem with bad breath.
- I often get a cold.
- I have dry skin.
- My mother is/was very manipulative.
- If I ride in a car with someone else driving, I get the feeling that other cars are coming at me.
- If I ride in a car with someone else driving, I get the feeling that the driver is too close to the car in front.

Any other health problems can be added here below.