

Medical History Questionnaire

Personal Information:

Name: Sean Seale

Email Address:

Submission Date: 2017-11-10

Gender: Male

Male:

Have you experienced any prostate problems (e.g. frequent urination, discomfort during urination, etc...)? No

Please explain:

Have you experienced fungal infections (e.g. jock itch, athlete's foot, etc...)? No

Please specify:

Have you experienced a decline in sexual interest? No

Please describe:

Have you had your gallbladder removed? Yes

Please explain: Client answer goes here

Other:

Please explain how you identify yourself:

Please list any related health concerns or other relevant information:

Female:

Are you or could you be pregnant?

Do you take birth control pills?

Have you noticed any changes in menses, for example in frequency, duration, flow, clotting, or other changes?

Please explain:

Have you experienced any vaginal fungal infections?

Please explain:

Do you suffer from PMS symptoms?

Please specify:

Are you pre-menopausal?

Are you experiencing any menopausal symptoms?

Please specify:

Have you had a bone density test?

What was the result of your bone density test?

SAMPLE ONLY

Medication & Supplements:

Are you currently taking any medication? No

List all medications and the reason(s) for each:

Do you take antidepressants? Yes

Please list what antidepressant(s) you are taking: Client answer goes here

Have you taken antibiotics in the last 5 years? No

Please specify:

Please list any vitamins, minerals, or herbal supplement, as well as homeopathic remedies you are currently taking:

Client answer goes here

Allergies:

Do you have allergies or sensitivities? Yes

Please explain: Client answer goes here

Do you have anaphylaxis (life-threatening allergy)? Yes

Please specify: Client answer goes here

Miscellaneous:

Do you have any silver-mercury fillings? No

Have you ever been diagnosed with an illness? Yes

Please explain: Client answer goes here

Have you ever been hospitalized? No

Please explain the reason(s) for your hospitalization(s):

Have you had surgery to remove your...

gall bladder?

tonsils?

appendix?

How often do you have a bowel movement? Client answer goes here

Do you strain to have a bowel movement? Occasionally

What food or circumstance is it related to? Client answer goes here

Is there undigested food in your stools? No

Please specify:

Do you use recreational drugs? No

Please specify what kind of drug(s) and the frequency of usage:

Miscellaneous: (continued)

Have you ever been treated for drug dependency? No

Have you ever been treated for alcohol dependency? No

Family History:

Please check all diseases that a family member has suffered from:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Allergies | <input type="checkbox"/> Alcoholism |
| <input type="checkbox"/> Arthritis | <input checked="" type="checkbox"/> Asthma |
| <input type="checkbox"/> Autoimmune disease | <input type="checkbox"/> Cancer |
| <input checked="" type="checkbox"/> Diabetes | <input type="checkbox"/> Drug abuse |
| <input type="checkbox"/> Gallbladder issues | <input type="checkbox"/> Heart disease |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Intestinal disease |
| <input type="checkbox"/> Kidney dysfunction | <input checked="" type="checkbox"/> Mental Illness |
| <input checked="" type="checkbox"/> Osteoporosis | <input type="checkbox"/> Skin conditions |
| <input type="checkbox"/> Ulcers | <input type="checkbox"/> None of the above |

Who in your family suffers/ed from allergies? Mother

Please specify what kind of allergies:

Client answer goes here

Who in your family suffers/ed from alcoholism?

Who in your family suffers/ed from arthritis?

Who in your family suffers/ed from asthma? Grandparent, Other

Who in your family suffers/ed from autoimmune disease?

Please specify what kind of autoimmune condition:

Who in your family suffers/ed from cancer?

Please specify what kind of cancer:

Family History: (continued)

Who in your family suffers/ed from diabetes? Father

Who in your family suffers/ed from drug abuse?

Who in your family suffers/ed from gallbladder issues?

Who in your family suffers/ed from heart disease?

Who in your family suffers/ed from hypertension?

Who in your family suffers/ed from intestinal disease?

Please specify what kind of intestinal disease:

Who in your family suffers/ed from kidney dysfunction?

Who in your family suffers/ed from mental illness? Father, Sibling

Please specify what kind of mental illness:

Client answer goes here

Who in your family suffers/ed from osteoporosis? Sibling

Who in your family suffers/ed from skin conditions?

Please specify what kind of skin condition(s):

Who in your family suffers/ed from ulcers?

SAMPLE ONLY

Client Comments

Thank You!