

CONFIDENTIAL MEDICAL HISTORY FORM

Full name: _____

Please check the appropriate boxes:

Cancer:

Have you ever been diagnosed with any form of cancer? _____

Type? _____

When? _____

Status? _____

Lifestyle:

Premature ageing

Chronic Illness

Excessive physical and mental exertion

Conflicts

Inappropriate or inadequate physical activity

Convalescence

Family Stress

Large Family

Increased financial responsibilities

Marriage Conflicts

Conflicts with children or with parents

Loss of loved ones

Stress at work

Poor Motivation

Work too routine

Interpersonal Rivalry

Frustration

Increased Stress during important changes or phases of life

Loss of Job

Financial Loss

Retirement

Menopause

Social Isolation

Stresses of everyday life

Large city pressure

Social and cultural pressures

Nutritional Stress

Poor dietary habits

Intolerance to food, additives or preservatives. What? _____

Increased consumption of high caloric value foods

Gastrointestinal disorders such as constipation due to a poor diet

Harmful habits

Excessive smoking

Excessive alcohol consumption

Recreational drugs use

Cardiovascular Problems:

myocardial infarction

when? _____

angina pectoris

tachycardia

by-pass surgery

when? _____

hypertension (High blood pressure)

hypotension (Low blood pressure)

Circulatory:

poor arterial circulation

poor venous circulation

leg cramps

tired legs

swollen ankles

varicose veins

tingling sensation in arms and leg

falling asleep of the hands and legs

leg ulcers

Gastrointestinal Problems:

irritable bowel syndrome

acid indigestion

bloating

stomach or duodenal ulcer

when? _____

loss of appetite

rapid weight gain

rapid weight loss

overweight problem

recurring constipation

pancreatitis

pancreatic insufficiency

hepatitis

gall bladder problems

gall stones

jaundice

recurring diarrhoea

Pulmonary System:

tuberculosis

asthma

chronic bronchitis

chronic cough

emphysema

Upper Respiratory Test

chronic sinusitis

allergic sinus problem

chronic allergic rhinitis

sinus headaches

chronic nose bleeds

chronic colds

Initial please:

