Life History

1310 East Highway 96, #206
White Bear Lake, MN 55110
651.429.0101

Name _____
Date _____

Please check each of those which have occurred in your history.

Birth Process:

- ☐ mother was unhealthy when carrying you
- ☐ birth by forceps delivery
- ☐ birth by difficult delivery
- ☐ birth by c-section delivery
- ☐ mother was under anesthesia

Early Childhood to Young Adult:

- ☐ colicky as a baby
- ☐ required special medical attention
- ☐ major illness as a child
  please explain _____
- ☐ allergies
  please list _____
- ☐ asthma
- ☐ worm or parasite infections
- ☐ acne

Infections / inflammations:

- ☐ ear infections
- ☐ tonsillitis
- ☐ bronchitis
- ☐ pneumonia
- ☐ bladder infections
- ☐ yeast infections
- ☐ recurring colds, flu or sinusitis (chronic sickness)
- ☐ venereal disease or genital herpes
- ☐ scarlet or rheumatic fever
- ☐ a.i.d.s.
- ☐ mono (epstein barr virus)
- ☐ colitis, irritable bowel, crohn's disease, etc.
- ☐ hepatitis

Check each major health issue that occurred in your family history.

	Mother's side	Father's side
☐ heart disease	☐	☐
☐ cancer	☐	☐
☐ arthritis	☐	☐
☐ lupus	☐	☐
☐ obesity	☐	☐
☐ anorexia	☐	☐
☐ asthma	☐	☐
☐ allergies	☐	☐
☐ diabetes	☐	☐
☐ chronic sickness	☐	☐
☐ alcoholism	☐	☐
☐ drug abuse	☐	☐
☐ mental illness	☐	☐
☐ other:	☐	☐
☐ other:	☐	☐

General Information:

Were you ever separated from your mother after birth?
- ☐ yes
- ☐ no

For what reason: _____
Length of time: _____

Were you breast fed as a baby?
- ☐ yes
- ☐ no

How long: _____

Have you ever been hospitalized in your life?
- ☐ yes
- ☐ no

For what reason(s)?

_____
_____
_____
_____
_____
_____

Have you had any surgeries in your life? Please list them below. Also include the year of each surgery

Surgery: **Year of Surgery:**

_____
_____
_____
_____
_____
_____
_____
_____

Have you had any significant falls or accidents in your life? Please describe them below. Also include the year of each accident.

Accident: **Year of Accident:**

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Health Providers:
Have you been working with any of the following regarding the aforementioned condition(s)?

				Name
doctor of chriopractic	☐ yes	☐ no	☐ In the past	_____
medical doctor	☐ yes	☐ no	☐ In the past	_____
doctor of internal medicine	☐ yes	☐ no	☐ In the past	_____
doctor of naturopathic medicine	☐ yes	☐ no	☐ In the past	_____
doctor of orthopedic medicine	☐ yes	☐ no	☐ In the past	_____
licensed acupuncturist	☐ yes	☐ no	☐ In the past	_____
massage therapist	☐ yes	☐ no	☐ In the past	_____
other:	☐ yes	☐ no	☐ In the past	_____
other:	☐ yes	☐ no	☐ In the past	_____

Have you been working with any of the following?

professional counsellor	☐ yes	☐ no	☐ In the past	_____
psychologist	☐ yes	☐ no	☐ In the past	_____
social worker	☐ yes	☐ no	☐ In the past	_____
pastor	☐ yes	☐ no	☐ In the past	_____
therapist	☐ yes	☐ no	☐ In the past	_____
other:	☐ yes	☐ no	☐ In the past	_____
other:	☐ yes	☐ no	☐ In the past	_____

Important Information:
Please add any information about your health history that may have been missed up to this point.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Medication History:

The following exercise may be rather difficult. Your thoughtful consideration, however, will greatly help your doctor.

Please list all medications you have used in your life. Begin with your present medications (last 12 months) in the top section. Work back into your history from there for the bottom section. Please include reasons for medication and, to the best of your ability, the period of time when they were used.

It can be very difficult recalling the past. To help you, think of various issues that may have risen in your life that may have required medical help. A list of health issues and medications is given below to stimulate your thinking.

Common Health Issues

ear infections / tonsillitis
colds
acne
pneumonia
strep throat
hormonal imbalance / birth control
bladder infections
digestive problems
allergies
asthma
depression
heart problems
attention deficit
headaches / back pain
inflammation
muscle spasms

Common Medications

cold medications (coughs, sinuses, lungs, etc.
aspirin / tylenol / advil
ibuprofin
motrin
antacids / digestive
antibiotics / antifungal
antihistamine
antidepressant
prednisone / antiinflammatory
asthma inhaler
birth control pills
blood pressure medication
hormones / estrogen
laxatives
chemotherapy
medication for sleep

Present Medications

	Medication:	Reason for medication:	Dosage & Frequency
	(Examples:)		
	Motrin	*PMS*	*2 @ 400 mg. 3X/day 1wk/month*
	Tums	*Heart burn*	*1-3 X per month*
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Past Medications

	Medication:	Reason for medication:	Period of use
	(Examples:)		
	cough syrup	*colds*	*sporadically all my life*
	antibiotics	*acne*	*high school years*
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			