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| ***Medical history and intake form*** | ***Please complete this form as accurately as possible - it helps to provide you with the best possible treatment.*** |
| ***Name*** |  |
| ***Address including postcode*** |  |
| ***Contact numbers******Home/work/mobile and e-mail address*** |  |
| ***Date of birth (age)*** |  |
| ***Height/weight (in cm and kg)*** |  |
| ***Name and address and tel. number of GP*** |  |
| ***Please describe your main complaint(s) in your own words*** |  |
| ***Condition(s) diagnosed by your GP/Consultant?*** |  |
| ***Do you know of any problems during your own birth?*** |  |
| ***Vaccinations:******List any unusual vaccinations and reactions to vaccinations*** |  |

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| ***Childhood: illnesses, surgery, accidents******(with approx. age)*** |  |
| ***Adolescence: illnesses, surgery, accidents (with approx. age)*** |  |
| ***Adulthood:******Illnesses, surgery, accidents (with approx. age)*** |  |
| ***Scars. Please write down location of all scars and operations*** |  |
| ***Major illnesses in your immediate family - such as diabetes, heart conditions, blood disorders, neurological problems, mental health problems, immune conditions, etc.*** |  |
| ***Medication:*** ***please write down all medication and nutritional supplements*** |  |
| ***Thank you.*** | ***Please proceed to page 3 (list of symptoms)***  |

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| ***Name*** |  |

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| **Please use red bold writing for any problem, disease or symptom you have now. Underline anything that has affected you in the past.** |
| ***Skin***Eczema - acne - skin rashes - dermatitis - psoriasis - fungal infections - furuncles - warts - dry/oily skin - other (specify) |
| Heart, cardio-vascularFast pulse (more than 100 beats/min.) - slow pulse (less than 60 beats/min.)- palpitations - irregular heartbeat - feeling of pressure in the chest - chest pain - shortness of breath - dizziness - migraine - headache with nausea - cold hands/cold feet - Raynaud’s disease - flushed face - red face - anaemia - high blood pressure - low blood pressure - cold sweats - dizziness when standing up quickly or a long time - other (specify) |
| RespiratoryAsthma - bronchitis - emphysema - pneumonia - coughing - wheezing - lung abcesses - cystic fibrosis - other (specify) |
| Gastrointestinal, digestiveConstipation - diarrhoea - lack of appetite - always hungry - stomach pain - indigestion - heartburn - intestinal gas - belching - gastritis - ulcer - lack of stomach acid - haemorrhoids - pancreatitis - peritonitis - irritable bowel syndrome - polyps - gastrointestinal tumours - candidasis - other (specify) |
| Hormonal imbalanceUnderactive thyroid or overactive thyroid - diabetes - hypoglycaemia - other hormonal imbalance (specify) |
| Male reproductiveImpotence - premature ejaculation - erectile dysfunction - prostate gland problems - infertility - vasectomy - other (specify) |

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| Female reproductiveMenstrual problems - painful periods - heavy/light/irregular periods - long (30+ days)/short cycle (24- days) - mid-cycle bleeding - thrush -small/large/light/dark clots in menstruate - duration of menstruation: 3/5/7/more days - infertility or sub-fertility - (early) menopausal symptoms - low libido - pregnancy/ies - termination(s) - other (specify) |
| Autoimmune, viral and inflammatory conditionsHashimoto’s disease (thyroid) - rheumatism - systemic lupus erythmatosus - HIV/aids - hepatitis A/B/C/D/E - colitis - Crohn’s disease - alopecia (baldness) - allergy - food allergy - atopic dermatitis - neurodermatitis - cellulites - vulvitis - low immunity *Effects of focal infections:*  rheumatic disease - rheumatic fever - arthritis - skin disease *Connective tissue/ligament diseases:* myofascial pain syndrome - fibromyalgia - tendonitis - pericarditis - constant low fever - glomerulonephritis - plantar faciitis - scarlet fever - ear infections - streptococci/staphylococci infections - easily catch cold/sore throat - swollen glands - other(specify) |
| Ear, nose, throatDeafness - tinnitus (ringing in ear/s) - itchy ear - ear pain - frequent ear infections - sinus headaches - stuffy nose - yellow/green mucus - post-nasal drip - dry throat - itchy throat - constant sinus congestion - streptococcal throat infections - sore throat - other (specify)  |
| Oral diseaseBleeding gums - inflammation of the gums - dental abscess - mumps - stomatitis (inflammation of the mouth) - TMJ - toothaches without cavities  |
| GeneralInsomnia - psychosomatic weakness - exhaustion - emotional problems (angry/irritable/depressed/anxious) - difficulty to concentrate - easily get car sick/sea sick/air sick - no appetite for breakfast - moody in the mornings - unusual sweating (palms, soles, chest, neck) - lack of energy - other (specify) |
| ***Medication/recreational drugs***Birth control pill - cigarettes - alcohol - cocaine - heroin - marijuana - anxiolitics - antidepressants - sleeping tablets -Other (specify) |