

FAMILY HISTORY

(Please print your answers.) Who in your extended family has:

cancer _____	hypoglycemia _____
diabetes _____	low blood pressure _____
heart disease _____	thyroid problems _____
high blood pressure _____	other _____

What is your blood type? _____

List any major car accidents, falls, injuries and other related accidents. Give dates and include; What part(s) of your body was involved? Did you have symptoms? Did you receive any care?

List ALL major diseases, surgeries, and hospitalizations. Give dates, length of time, degree of recovery and final outcome. _____

List any major dental work. Give dates. (example: Teeth removed, root canals, bridgework, braces, etc.) _____

What is your weight? _____

Do you have any sexually related problems? NO/YES If so, describe: _____

Are you under emotional stress? NO / YES If so, in relationship to what? _____

Date of last menstrual period _____

How many days do you menstruate? _____

List any menstrual discomfort _____

Number of pregnancies _____ Give dates _____