



Medical History Questionnaire

Date: _____ Name: _____

Please tick any of the conditions or symptoms you have or had a history of:

PAIN:

- Headaches
- Migraines
- Back
- Neck
- Other: _____

THYROID:

- Hypo
- Hyper
- Removed (date): _____

ALLERGIES:

- Foods: _____
- Drugs: _____
- Chemicals: _____
- Hay Fever
- Pollen, Dust, Grasses
- Psoriasis
- Eczema
- Asthma

CANCER:

- Chemotherapy
- Organ Removed: _____
- (date): _____

BLOOD SUGAR:

- Diabetes
- Hypoglycemia

RESPIRATORY:

- Lung Disease
- Pneumonia

BONES/JOINTS:

- Osteoporosis
- Arthritis
- Gout

HEART/CIRCULATORY:

- Irregular Heart
- Heart Murmur
- Chest Pain/Angina
- Heart Disease
- Stroke
- High Blood Pressure
- High Cholesterol
- Dizziness
- Fainting
- Anemia

GASTROINTESTINAL:

- Chronic Constipation
- Irritable Bowl Syndrome
- Diverticulitis
- Prolapse
- Chronic Diarrhea
- Hemorrhoids
- Hernia
- Ulcers
- Liver Disease: _____
- Gall Bladder: _____
- Organ Removed: _____
- (date): _____

REPRODUCTIVE FEMALE:

- Bleeding Problems
- Endometriosis
- Polycystic Ovaries
- PMS
- Organ Removed: _____
- (date): _____
- Birth Defects

MALE:

- Prostate Problems
- Organ Removed: _____ (date): _____

Revitalise your body for Weight Loss and Wellness

Medical History Questionnaire cont.

FAMILY HISTORY

Have any of your family members suffered any of the previous illnesses? In particular, cancer, diabetes or osteoporosis?

	AGE	STATE OF HEALTH	CAUSE OF DEATH
FATHER	_____	_____	_____
MOTHER	_____	_____	_____
BROTHERS	_____	_____	_____
	_____	_____	_____
SISTERS	_____	_____	_____
	_____	_____	_____

OTHER HISTORY:

SMOKING

Do you smoke? _____

Cigarettes per day? _____

If you used to smoke, when did you quit?
 (date) _____

COFFEE

Cups of coffee per day? _____

Cups of tea per day? _____

ALCOHOL

Daily? _____

Weekends? _____

Rarely? _____

Socially? _____

ARE YOU TAKING ANY OTHER MEDICATIONS?

- Blood Pressure
- Cholesterol
- Cardiac Medication
- Diuretics
- ANTI Depressants/Anxiety
- Beta Blockers
- Tranquilizers
- Hormones/HRT
- Birth Control Pills
- Aspirin
- Vitamins/Herbs
- Laxatives
- Over the counter prescriptions
- Steroids (eg. Prednisone, Cortisol, Cortisone)
- Arthritic
- Anti-inflammatories

Revitalise your body for Weight Loss and Wellness