MEDICAL HISTORY

CONFIDENTIAL

PREFERRED NAME (LAST, FIRST, MIDDLE) | DATE

MAJOR COMPLAINT(S) OR HEALTH CONDITIONS

HOW DID THIS CONDITION DEVELOP?

DOES ANYTHING MAKE IT BETTER?

DOES ANYTHING MAKE IT WORSE?

HAVE YOU EVER RECEIVED TREATMENT FOR THIS CONDITION? | IF YES, WHEN?

WHERE? | BY WHOM?

WHAT WAS THE DIAGNOSIS?

WHAT KIND OF TREATMENT?

WHAT WERE THE RESULTS OF THIS TREATMENT?

LIST ANY SUBSTANCES YOU ARE ALLERGIC TO

LIST MEDICATION, VITAMINS, OR HERBAL/NUTRITIONAL SUPPLEMENTS YOU ARE CURRENTLY TAKING

LIST MEDICATION, VITAMINS, OR HERBAL/NUTRITIONAL SUPPLEMENTS YOU HAVE TAKEN IN THE LAST 2 MONTHS

LIST ANY MAJOR SURGERIES YOU HAVE HAD

SIGNIFICANT TRAUMA (AUTO ACCIDENTS, FALLS, ETC)

SIGNIFICANT ILLNESSES (PLEASE CHECK ALL THAT APPLY)

- ◯ ARTHRITIS
- ◯ ASTHMA
- ◯ AUTOIMMUNE DISEASE
- ◯ AIDS
- ◯ CANCER
- ◯ CONNECTIVE TISSUE DISEASE
- ◯ DIABETES
- ◯ ENDOMETRIOSIS
- ◯ FIBROMYALGIA
- ◯ GALLSTONES
- ◯ HEART DISEASE
- ◯ HEPATITIS
- ◯ HERPES
- ◯ HYPERTENSION
- ◯ KIDNEY STONES
- ◯ RHEUMATIC FEVER
- ◯ SCOLIOSIS
- ◯ SEIZURES
- ◯ THYROID DISEASE
- ◯ VENEREAL DISEASE
- ◯ OTHER _____

Heal in Harmony™
Isthmus Wellness™

515 Junction Rd, Suite C
Madison, WI 53717
608·441·WELL (9355)
info@isthmuswellness.com
www.isthmuswellness.com