



Health History Review Questions

Instructions: Please TYPE answers to the following questions with as much detail as possible.

PLEASE ANSWER ALL QUESTIONS INDEPENDENT OF EACH OTHER (for example, do not combine questions 2 and 3 below, but answer each one individually).

- 1) List your chief complaints about your health in order of importance to you.
- 2) Provide your health history using a timeline sequence (earliest to most recent).
- 3) List all diagnosis given to you in a timeline. Also give your opinions about each diagnosis.
- 4) When was the last time you felt well? What do you think has happened to your health since then?
- 5) List all health care providers you have consulted, their opinions and their treatments.
- 6) List any treatments, medications, or supplements that have improved your health.
- 7) List any treatments, medications, or supplements that have caused reactions or decreased your health.
- 8) List all medications and dosages you are currently taking.
- 9) List all supplements & dosages you are currently taking.
- 10) List in a timeline all supplements and medications you have taken in the past.
- 11) List in a timeline any medical procedures or surgeries you have had.
- 12) List in a timeline any significant laboratory or imaging results.
- 13) List in a timeline any exposure to environmental, industrial, or toxic compounds.
- 14) List any history of infections (excluding common colds).