Medical History Template

How did you find The Medicine Tree?

The purpose of this form is to understand your past and present medical history. Please take your time and answer to the best of your knowledge.

Do you have any diagnosis by your primary care doctor? Please describe.

Primary Complaint

Date this started (estimate if unsure)

How much does this interfere with your life?

Select a value

What have you tried? What has helped? What has not helped?

Tell me in detail the history around this complaint

Secondary Complaint

When did this start? (estimate if unsure)

How much does this interfere with your life?

Select a value

What have you tried? What has helped? What has not helped?

Tell me in detail the history around this complaint

Often time patient's don't report important symptoms because they are so "used to" them or there has never been a solution in the past, I invite you to share even the oddest complaints! They may make more sense from a Chinese Medical perspective.

Other Complaints?

How would you describe your general state of health

- [ ] Excellent
- [ ] Very Good
- [ ] Good
- [ ] Fair
- [ ] Poor

Are you currently receiving care? Explain

Tell Us About Your Past Medical History

Hospitalization, Operations and Significant Traumas

Modalities you have tried in the past?

Any known allergies, sensitivities or adverse reactions to foods or medications?

History of antibiotic use? If so, when was the last time?

Please Mark The Check Box If You Previously Suffered From These Conditions.

- [ ] Asthma
- [ ] Colitis
- [ ] Epilepsy/Seizures
- [ ] Fibromyalgia
- [ ] Gout
- [ ] Hyper Thyroid
- [ ] Mental Illness
- [ ] Mono
- [ ] Pacemaker
- [ ] Anemia
- [ ] Bronchitis
- [ ] Chronic Fatigue
- [ ] Diabetes Type 1
- [ ] Diabetes Type 2
- [ ] Heart Disease
- [ ] Hypertension
- [ ] Hypo Thyroid
- [ ] PTSD
- [ ] Depression/Anxiety
- [ ] Gallbladder issues
- [ ] Eating Disorder
- [ ] High Cholesterol
- [ ] High Blood Pressure
- [ ] Low Blood Pressure
- [ ] Reynaud's Disease
- [ ] Stroke
- [ ] Uterine Fibroids

- [ ] Frequent UTI's
- [ ] STD's
- [ ] PCOS
- [ ] Insomnia
- [ ] Ulcers
- [ ] Endometriosis
- [ ] POTS
- [ ] Constipation
- [ ] Fertility issues
- [ ] Premature Birth
- [ ] Diarrhea
- [ ] PMS

Addictions

Cancer? What Type?

Your Family's Medical History

Addictions

Asthma

Cancer

Diabetes

Fatty Liver

High Blood Pressure

AutoImmune

Strokes

Heart Disease

Mental Disease

Alzheimer's/dementia

Thyroid Disease

Diet and Lifestyle

Do you eat breakfast? what do you typically have and at what time?

Do you eat Lunch? What do you typically have and at what time?

Do you eat Dinner? what do you typically have and at what time?

Do you follow a specific diet?

What is your current weight? Does this fluctuate?

How would you describe you appetite?

- [ ] Poor
- [ ] Average
- [ ] Excessive

Do you get tired after you eat?

Yes No

Do you exercise? What do you do and how often?

How is your sleep? Do you fall asleep easy? Do you stay asleep?

Do you wake feeling refreshed?

Yes No

Do you get sleepy in the afternoon?

Yes No

What level of stress are you currently experiencing due to work. 0 lowest, 10 highest

Select a value

Mark The Ones That Describe You

- [ ] Inconsistant sleep and wake schedule
- [ ] Drink more than 16 oz coffee
- [ ] Drink Soda Often
- [ ] Smoke Tobacco
- [ ] Smoke Marijuana Often
- [ ] Drink Alcohol Often

Recreational Drugs?

Yes No

If yes, please describe.

Have you ever had any toxic exposure that you are aware of?

Yes No

If yes, please describe.

Do you have mercury fillings in your mouth?

Yes No

Do you use solvents in any of your work or hobbies?

Yes No

Do you frequently use pesticides, herbicides, or other chemicals in or around your home?

Yes No

Are you sensitive to smells?

Yes No

If so, please describe what happens.

Do you frequently experience brain fog?

Yes No

Current State of Health

My Body Temperature Feels?

- [ ] Hot
- [ ] Cold
- [ ] Normal

General Symptoms

- [ ] Edema
- [ ] Bruise Easy
- [ ] Chills
- [ ] Fever
- [ ] Body Aches
- [ ] Aversion To Wind
- [ ] Aversion To Cold
- [ ] Aversion To Heat
- [ ] Strong Thirst
- [ ] Low Thirst
- [ ] Poor Appetite
- [ ] Night Sweats
- [ ] Insomnia
- [ ] Fatigue
- [ ] Nasal Congestion
- [ ] Foggy Headed
- [ ] Dizziness
- [ ] Short Of Breath

Head, Eyes, Ears, Nose & Throat Symptoms

- [ ] Dry Eyes
- [ ] Red Eyes
- [ ] Blurry Vision
- [ ] Poor Night Vision
- [ ] Floaters
- [ ] Eye Strain
- [ ] Poor memory
- [ ] Cataracts
- [ ] Glasses/Contacts
- [ ] Ear Ringing: High Pitch
- [ ] Vertigo
- [ ] Poor Hearing
- [ ] Ear Ringing: Low Pitch
- [ ] Grinding Teeth
- [ ] Dental Problems
- [ ] Dizziness
- [ ] Headaches
- [ ] Concussion
- [ ] Mouth Sores/Ulcers
- [ ] Migraines
- [ ] Nose Bleeds
- [ ] TMJ
- [ ] Facial Pain
- [ ] Ear Aches
- [ ] Sinus issues
- [ ] Plum Pit Feeling in Throat
- [ ] Excess ear wax

Cardiovascular Symptoms, Signs & Diseases

- [ ] High Blood Pressure
- [ ] Low Blood Pressure
- [ ] Irregular Heart Beat
- [ ] Heart Beating Fast
- [ ] Heart Palpitations
- [ ] Cold Hand/Feet
- [ ] Swelling of Hand/Feet
- [ ] Left Arm Pain
- [ ] Chest Pain
- [ ] Fainting
- [ ] Discolored limb
- [ ] Varicose Veins

Respiratory Signs & Symptoms

- [ ] Dry Cough
- [ ] Pneumonia
- [ ] Labored Breathing
- [ ] Chronic cough
- [ ] Short of Breath
- [ ] Phlegmy
- [ ] Pain When Breathing Deep
- [ ] Premature birth
- [ ] difficult inspiration

GastroIntestinal

- [ ] Nausea
- [ ] Constipation
- [ ] Diarrhea
- [ ] Gas
- [ ] Bloating
- [ ] Abdominal Pain/Cramp
- [ ] Hiccup
- [ ] Acid Regurgitation
- [ ] Belching
- [ ] Indigestion
- [ ] Bad Breath
- [ ] Rectal Pain
- [ ] Anal Fissures
- [ ] Itchy Anus
- [ ] Hemorrhoids

What is the consistency of your stools

- [ ] watery
- [ ] mushy

How often do you have a bowel movement

- [ ] 3x/day
- [ ] 2x/day

- [ ] soft blobs
- [ ] formed
- [ ] formed with cracks
- [ ] lumpy
- [ ] rabbit pellets
- [ ] undigested food in stools

- [ ] 1x/day
- [ ] 3-4x/week
- [ ] 1-2x/week or less

Do you strain to have a bowel movement? (needing to bear down)

- [ ] yes
- [ ] no
- [ ] sometimes

Genitourinary

- [ ] Frequent Urination
- [ ] Wakes Up To Urinate
- [ ] Pain During Urination
- [ ] Incomplete Urination
- [ ] Decrease Flow
- [ ] Decrease Stream Power
- [ ] Unable to Hold Urine
- [ ] Bedwetting
- [ ] Urinary Tract Infection
- [ ] Smelly Urine
- [ ] Dark Yellow Urine
- [ ] Kidney Stones
- [ ] Wet Dreams
- [ ] Impotence (Men)
- [ ] Enlarged Prostate (Men)
- [ ] Low Semen Volume (Men)
- [ ] Premature Ejaculation
- [ ] Gental Itching
- [ ] Genital Sores
- [ ] High Libido
- [ ] Low Libido

Gynecological & Obstetrics (Women Only)

- [ ] Currently Pregnant
- [ ] Irregular Menses
- [ ] Menstrual Clots
- [ ] No Menstrual Cycle
- [ ] Endometriosis
- [ ] Ovarian Cysts
- [ ] PCOS
- [ ] PMS
- [ ] PID
- [ ] Uterine Fibroids
- [ ] Vaginal Sores
- [ ] Frequent Yeast Infections

Gynecological

Last Menstrual Period

Date of Last PAP

Age Menses Started

Number of Days Between Periods?

How Many Days Do You Bleed (During Period)?

Menstrual Blood Clots

Color of Menstrual Blood

What is Your Flow Like?

Irregular Menses

Mid-Cycle Bleeding?

Menopause

Birth Control? If yes, what form of birth control?

Breast Lumps

Vaginal Discharge

Obstetrics

How many months pregnant?

Previous Live Births?

Premature Births?

Any Miscarriages?

Previous Abortions?

IVF

Musculoskeletal

What Areas Are Painful?

- [ ] Head
- [ ] Neck
- [ ] Shoulder
- [ ] Upper Back
- [ ] Middle Back
- [ ] Lower Back
- [ ] Ribs
- [ ] Wrist
- [ ] Hip
- [ ] Upper Leg
- [ ] Side of Leg
- [ ] Lower Leg
- [ ] Knee
- [ ] Ankle
- [ ] Foot
- [ ] Fingers
- [ ] Toes
- [ ] Groin
- [ ] General Muscle Weakness
- [ ] Muscle Tightness
- [ ] Full Body Aches/Pain

Neuropsychological

Do You Feel Numbness?

- [ ] Face
- [ ] Shoulder
- [ ] Arms
- [ ] Wrists
- [ ] Fingers
- [ ] Toes
- [ ] Legs
- [ ] Ankles
- [ ] Foot

Frequent Emotions

- [ ] Fear
- [ ] Grief
- [ ] Worried
- [ ] Depression
- [ ] Anxiety
- [ ] Anger
- [ ] Suicidal
- [ ] Irritable
- [ ] Manic

General Symptoms

- [ ] Dizziness
- [ ] Loss of Balance
- [ ] Lack of Coordination
- [ ] Memory Loss
- [ ] Tremors
- [ ] Panic Attacks

Paralysis

Other Neurological Issues

Anything We Missed or You Want To Tell Us?