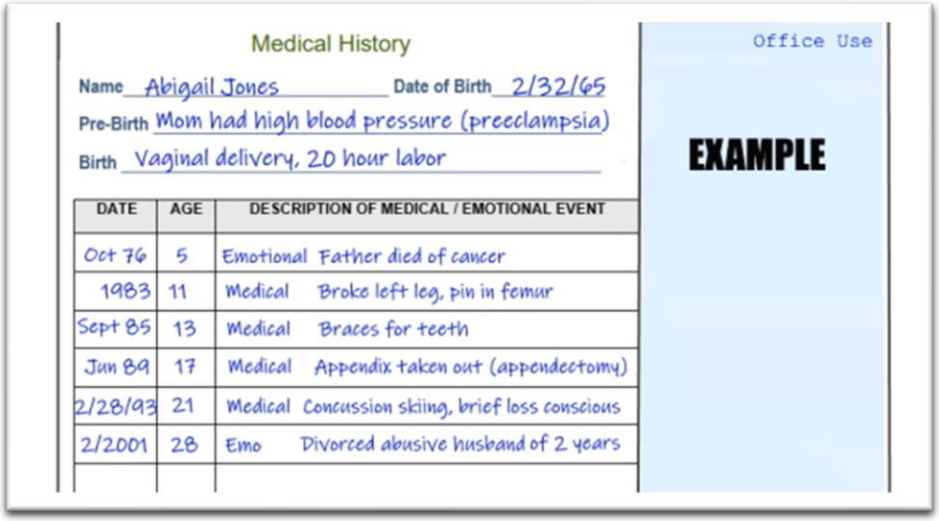
CONFIDENTIAL CASE INFO

We need the life history of your body: **MEDICAL** (treatments, procedures, impacts & injuries) and **EMOTIONAL** (psychological events). Please, keep answers brief. We will glean additional information and record such with you in the Office section of our form. This information will be kept strictly confidential. Privacy is our utmost concern. Thank you.

Instructions for Your History

As best you can, list your Body History in SEQUENCE. Start with pre-birth and birth. Life History: Provide the date *(month/day/year)* and your age at time of event. If you can only recall or estimate a year, that is okay. Describe the event simply. Use one or two lines if necessary. No long sentences or paragraphs, please.



Medical History

Office Use

EXAMPLE

Name Abigail Jones Date of Birth 2/32/65

Pre-Birth Mom had high blood pressure (preeclampsia)

Birth Vaginal delivery, 20 hour labor

DATE	AGE	DESCRIPTION OF MEDICAL / EMOTIONAL EVENT
Oct 76	5	Emotional Father died of cancer
1983	11	Medical Broke left leg, pin in femur
Sept 85	13	Medical Braces for teeth
Jun 89	17	Medical Appendix taken out (appendectomy)
2/28/93	21	Medical Concussion skiing, brief loss conscious
2/2001	28	Emo Divorced abusive husband of 2 years

Pre-Birth

Did your mother have a difficult pregnancy physically, or emotionally with you in utero? Did she sustain any injuries while you were in utero?

Birth

If you know, was your birth normal, cesarean, breached, use of forceps etc.

Medical History

Major Illness: Cancer, shingles, MS, chronic fatigue, fibromyalgia, syndromes, neurological, hives, rashes etc.

Surgeries: Include wounds that needed stitches.

Hospitalizations: Include all.

Injuries: Include concussions, brain injuries, and bonks to the head even if you think they are not important. All hits or bonks are important.

Broken bones, major sprains or strains, joints, whiplash, motor- and non-motorized-vehicle accidents.

Psychological – Emotional History:

Include any traumatic experience that you think may still be in your body because it affected you so much. Includes loss of a loved one (human or animal). Abuse, assault, something you witnessed that affected you, divorce, etc.

CONFIDENTIAL CASE INFO cont.

Medical History

Office Use

Name_____ **Date of Birth**_____

Pre-Birth _____

Birth _____

DATE	AGE	DESCRIPTION OF MEDICAL / EMOTIONAL EVENT

Continue History on following page as needed.

CONFIDENTIAL CASE INFO cont.

DATE	AGE	DESCRIPTION OF MEDICAL / EMOTIONAL EVENT

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