

MEDICAL HISTORY

CONFIDENTIAL

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)

- | | | | |
|---|-------------------------------------|---------------------------------------|--|
| <input type="radio"/> ARTHRITIS | <input type="radio"/> DIABETES | <input type="radio"/> HERPES | <input type="radio"/> THYROID DISEASE |
| <input type="radio"/> ASTHMA | <input type="radio"/> ENDOMETRIOSIS | <input type="radio"/> HYPERTENSION | <input type="radio"/> VENEREAL DISEASE |
| <input type="radio"/> AUTOIMMUNE DISEASE | <input type="radio"/> FIBROMYALGIA | <input type="radio"/> KIDNEY STONES | <input type="radio"/> OTHER _____ |
| <input type="radio"/> AIDS | <input type="radio"/> GALLSTONES | <input type="radio"/> RHEUMATIC FEVER | _____ |
| <input type="radio"/> CANCER | <input type="radio"/> HEART DISEASE | <input type="radio"/> SCOLIOSIS | _____ |
| <input type="radio"/> CONNECTIVE TISSUE DISEASE | <input type="radio"/> HEPATITIS | <input type="radio"/> SEIZURES | _____ |
| | | | _____ |



Isthmus Wellness™
Enhance the Experience of Life 

515 Junction Rd, Suite 2300
Madison, WI 53717
608-441-WELL (9355)
info@isthmuswellness.com
www.isthmuswellness.com