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*Advanced Nutrition and Holistic Services*

Patient Name \_\_\_\_\_ Date \_\_\_\_\_ File # \_\_\_\_\_

**Confidential Health History**

The items below may relate to your current condition. Mark (Y) if you have the problem or (P) if you previously had the problem. Leave items blank if you never had the problem.

**General**

- \_\_\_ Fever
- \_\_\_ Chills
- \_\_\_ Night sweats
- \_\_\_ Loss of sleep
- \_\_\_ Nervousness
- \_\_\_ Chronic Fatigue
- \_\_\_ Weight gain or loss
- \_\_\_ Allergies
- \_\_\_ Anemia
- \_\_\_ Diabetes
- \_\_\_ Cancer
- \_\_\_ HIV
- \_\_\_ Thyroid Disease
- \_\_\_ Heart Disease
- \_\_\_ Substance Abuse
- \_\_\_ Hepatitis A,B or C
- \_\_\_ Epstein Barr virus
- \_\_\_ Other disease / Illness

**ENT**

- \_\_\_ Poor vision
- \_\_\_ Eye disorder
- \_\_\_ Hearing problems
- \_\_\_ Sinus Problems
- \_\_\_ Dental Problems
- \_\_\_ Hoarseness
- \_\_\_ Tonsillectomy

**Gastrointestinal**

- \_\_\_ Poor appetite or digestion
- \_\_\_ Difficulty swallowing
- \_\_\_ Current Nausea
- \_\_\_ Stomach or abdominal pain
- \_\_\_ Ulcer / GERD
- \_\_\_ Black or bloody stools
- \_\_\_ Liver disorder
- \_\_\_ Gall bladder stones/removed
- \_\_\_ Jaundice
- \_\_\_ Hernia
- \_\_\_ Diarrhea or constipation
- \_\_\_ Hemorrhoids
- \_\_\_ Appendicitis
- \_\_\_ IBS, Celiac, Diverticulitis

**Men Only**

- \_\_\_ Testicular problems
- \_\_\_ Prostate problems

**Women Only**

- \_\_\_ Painful periods
- \_\_\_ Irregular cycles
- \_\_\_ Excessive flow
- \_\_\_ Vaginal burning/discharge
- \_\_\_ PMS
- \_\_\_ Urinary or Yeast infections
- \_\_\_ Menopause / hot flashes
- \_\_\_ Birth control pill
- \_\_\_ HRT (osteoporosis)
- \_\_\_ Breast augmentation
- \_\_\_ Hysterectomy

**Respiratory**

- \_\_\_ Difficulty breathing
- \_\_\_ Chronic cough
- \_\_\_ Asthma
- \_\_\_ Bronchitis
- \_\_\_ Pneumonia
- \_\_\_ Tuberculosis
- \_\_\_ Excess phlegm
- \_\_\_ Spitting up blood
- \_\_\_ Emphysema

**Cardiovascular**

- \_\_\_ Irregular or skipped beat
- \_\_\_ High blood pressure
- \_\_\_ Ankle swelling
- \_\_\_ Previous heart trouble
- \_\_\_ Artery disease
- \_\_\_ Varicose veins
- \_\_\_ Stroke
- \_\_\_ Rheumatic fever
- \_\_\_ Pacemaker

**Skin**

- \_\_\_ Bruising easily
- \_\_\_ Itching
- \_\_\_ Psoriasis
- \_\_\_ Acne
- \_\_\_ Melanoma or new growth

**Neurologic**

- \_\_\_ Weakness
- \_\_\_ Twitching
- \_\_\_ Headache
- \_\_\_ Fainting
- \_\_\_ Dizziness
- \_\_\_ Epilepsy
- \_\_\_ Numbness / tingling
- \_\_\_ Burning sensation
- \_\_\_ Arm / leg pain
- \_\_\_ Psychological disorder
- \_\_\_ Neurological disease

**Musculoskeletal**

- \_\_\_ Neck pain or stiffness
- \_\_\_ Back pain or stiffness
- \_\_\_ Joint pain or stiffness
- \_\_\_ Swollen joints
- \_\_\_ Arthritis
- \_\_\_ Spinal curvature
- \_\_\_ Muscular pain / weakness

**Habits**

- \_\_\_ Smoking (few,  $\Omega$  pk, 1 pk)
- \_\_\_ Drinking (socially / other)

**Exercise**

- \_\_\_ None
- \_\_\_ Less than 3X per week
- \_\_\_ Greater than 3X per week

**Family History**

- \_\_\_ Heart Disease
- \_\_\_ Cancer
- \_\_\_ Diabetes
- \_\_\_ High Blood Pressure
- \_\_\_ Thyroid Disease
- \_\_\_ Neurological Disease
- \_\_\_ Muscle or Bone Disease

**List All Medications Below:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_