****

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Health History Timeline:**

**Creating a time line of events is a very important part of functional medicine. Please do your best to help us create your time line, approx. dates in adult life are helpful, stressors, traumas, toxic exposures, medications are all very important.**

**Birth:**

What was the health of your mom?

How many siblings and what birth order are you?

Were you vaginal or C-section?

Bottle or breast fed?

Any colic?

Any illness as a baby or toddler, ears, throat, trauma’s, antibiotics?

Other information to add?

**Elementary**:

What was diet like as a child early and throughout high school -Example- fruits, veggies proteins or lots of snack food, cereal, pastas and boxed foods?

Any sickness or use of antibiotics?

Vaccines, if so which ones?

Childhood diseases? Mumps, measles, chickenpox??

Surgeries?

Toxic Exposures?

Traumas?

Dental health: Fillings, pulled teeth, root canals Etc.?

Other information to add?

**Jr High**:

If female what age were you when you started your menstrual cycle?

Any PMS?

Acne?

Mono?

Sports?

Trauma?

Sickness or use of antibiotics or steroids?

Toxic Exposures?

Dental health?

Other information to add?

**High School**:

Sickness?

Sports?

Traumas?

Injuries?

Surgeries?

Toxic Exposures?

Drugs/alcohol/tobacco use?

Dental Health?

Other information to add?

**College:**

Stress?

Diet?

Birth control?

Other information to add?

**Adult:**

Year Married

Any divorce if so when?

Number of children?

Jobs?

Toxic exposures?

Dental health?

Health issues and onset?

Traumas?

Anti-depressants?

Life Stressors?

Have you ever done anything for weight loss in the past? What worked what did not? Have you ever done HCG?

Current health status?