DIRECTIONS

This Assessment Questionnaire is meant to help you review nearly every aspect of your life. It was compiled in accordance with the holistic methodology that allows each individual to take stock of their life from many perspectives. Please complete the following questionnaire by answering ALL questions to the best of your ability. It is important to be as honest as possible when answering each question. Be sure to give a brief explanation to specific questions, when applicable. Not all of the questions in this assessment will pertain to you. If they do not, identify those questions by answering Not Applicable (N/A).

It is important that this questionnaire be completed as fully as possible before you begin the workbook chapters. If you are working with a therapist, counseling pastor, or other healthcare professional, they can review the Assessment with you. However, if it is too difficult, it is not necessary to share the information with others immediately. You may choose to wait for a time that better suits you.

SOCIAL HISTORY

Place of Birth: _______________ Date of Birth: ___________ Age: ________

Race/ethnicity - check one:
☐ Caucasian ☐ Hispanic/Mexican Descent
☐ African American ☐ Asian
☐ Native American ☐ Other________________

Reason for seeking life changes: ____________________________________________
________________________________________________________________________
________________________________________________________________________

Length of time you have experience problems? ________________________________

Date(s) of hospitalization for this condition (if any)? ____________________________
________________________________________________________________________

Define and discuss problems of social development; adjustment to life situations [i.e. school, peer groups, community, family relationships, response to authority figures, use of leisure time]:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Cultural influences; ethnic factors which may be significant: _____________________
________________________________________________________________________
EDUCATION:

Please circle the last year of school that you completed:

<table>
<thead>
<tr>
<th>1 2 3 4 5 6 7 8</th>
<th>9 10 11 12</th>
<th>13 14 15 16</th>
<th>17 18 19 20 21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade School</td>
<td>High School</td>
<td>College</td>
<td>Master's Doctorate</td>
</tr>
</tbody>
</table>

High School attended:

College attended: 

College attended: 

My grades were/are:

- [ ] Excellent
- [ ] Above average
- [ ] About average
- [ ] Below Average

Approximate Grade Point Average:

<table>
<thead>
<tr>
<th>High School</th>
<th>College</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Attitude towards school and teachers?

Extra Curricular Activities:

- [ ] Band/Choir
- [ ] Theater Arts
- [ ] Creative Arts
- [ ] Class Officer
- [ ] Sports
- [ ] Other

Did you leave home to attend college?

- [ ] No
- [ ] Yes

If yes, at what age?

FAMILY OF ORIGIN:

Is your father living?

- [ ] No
- [ ] Yes

If no, year of death:

His age at time of death:

If no, cause of death:

If no, your age at the time of his death:

If yes, how old is he now?

Describe your father's occupation when you were growing up:

Circle the last year of school that your father completed:

<table>
<thead>
<tr>
<th>1 2 3 4 5 6 7 8</th>
<th>9 10 11 12</th>
<th>13 14 15 16</th>
<th>17 18 19 20 21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade School</td>
<td>High School</td>
<td>College</td>
<td>Master's Doctorate</td>
</tr>
</tbody>
</table>

When you were growing up was your father a/an:

- [ ] Alcohol or drug addict/abuser
- [ ] Food addict/abuser
- [ ] Physical/sex/other abuser
- [ ] Prescription drug addict/abuser
Describe your father’s personality and his attitude towards you as you were growing up.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How would you describe your relationship with your father now?  

☐ Excellent  ☐ Good  ☐ Average  ☐ Below average  ☐ Poor  

Skip if deceased.

Is your mother living?  

☐ No  

If no, year of death: ___________  Age: _________  

If no, cause of death: ___________  

If no, your age at the time of her death: ___________  

☐ Yes  

If yes, how old is she now? ___________

Describe your mother's occupation when you were growing up: __________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Circle the last year of school that your mother completed:  

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21  

Grade School  High School  College  Master's Doctorate

When you were growing up was your mother a/an:  

☐ Alcohol or drug addict/abuser  ☐ Food addict/abuser  

☐ Physical/sexual/other /abuser  ☐ Prescription drug addict/abuser

Give a description of your mother's personality and her attitude toward you as you were growing up.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How would you describe your relationship with your mother now?  

☐ Excellent  ☐ Good  ☐ Average  ☐ Below average  ☐ Poor  

Skip if deceased.
How would you describe your family's attitude toward you when you were growing up? Please explain.


Were your parents ever separated or divorced?

☐ No

☐ Yes

If yes, how old were you at the time? __________

Please describe your home atmosphere as you were growing up. Mention state of compatibility between parents and between parents and children.


Who raised you as a child? 


How many brothers and sisters do you have?

Brothers _____ living _____ deceased ______ cause of death _______

Sisters _____ living _____ deceased ______ cause of death _______

In the space below, please provide the information requested on each of your brothers and sisters.

1 = Severe problems; 2 = Many problems; 3 = About average; 4 = Some problems; 5 = Well adjusted

<table>
<thead>
<tr>
<th>Sibling #</th>
<th>First Name</th>
<th>Age</th>
<th>Sex</th>
<th>Weight</th>
<th>Height</th>
<th>Description - Circle ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sibling 1</td>
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<td>1 2 3 4 5</td>
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<tr>
<td>Sibling 2</td>
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<td>1 2 3 4 5</td>
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<td>Sibling 3</td>
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<td>1 2 3 4 5</td>
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<td>Sibling 4</td>
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<td>1 2 3 4 5</td>
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<td>Sibling 5</td>
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<td>1 2 3 4 5</td>
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<td>Sibling 6</td>
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<td>1 2 3 4 5</td>
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<tr>
<td>Sibling 7</td>
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<td></td>
<td>1 2 3 4 5</td>
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<tr>
<td>Sibling 8</td>
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<td></td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

PRESENT RELATIONSHIPS:

What is your usual living arrangement? What is your present marital status?
Please provide the following information for each marriage:

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Name of Spouse</th>
<th>Reason for Termination [Death, Divorce, etc.]</th>
<th>Number of Children from this Marriage</th>
<th>Names of Children</th>
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</thead>
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</tbody>
</table>

Please answer the following questions about your spouse/partner. If not currently married, but previously married, answer the following questions about your former spouse/partner

Is/was your spouse employed?
☐ No
☐ Yes

When employed, what kind of work did your spouse do?
__________________________________________________________

Please circle the last year of school that your spouse completed:

1 2 3 4 5 6 7 8  9 10 11 12  13 14 15 16  17 18 19 20 21
Grade School  High School  College  Master's Doctorate

**SEXUALITY:**

What was your parents' attitude about sex?
__________________________________________________________

When and how did you derive your first knowledge of sex?
__________________________________________________________

When did you first become aware of your sexual impulses?
__________________________________________________________

Have you ever thought you needed help for your sexual thoughts or behaviors?
☐ Yes  ☐ No

If yes, please explain:
__________________________________________________________

__________________________________________________________

__________________________________________________________
Do you ever resort to sex to escape, relieve anxiety, or cope with stressful situations?
☐ Yes ☐ No If yes, please explain: ________________________________

Have you ever been arrested for a sex related offense?
☐ Yes ☐ No If yes, please explain: ________________________________

Have you noticed physical symptoms such as nausea, knot in your stomach, or hot flashes when approached sexually?
☐ Yes ☐ No If yes, please explain: ________________________________

How old were you when you masturbated for the first time? ________ years old.
How old were you when you had an orgasm for the first time? ________ years old.
How old were you when you had sexual intercourse for the first time? ________ years old.

Did you ever have any anxiety or guilt feelings about masturbation or having sexual intercourse? If yes, please explain.

Have you been sexually abused or raped? If yes, please explain. By whom?

Have you been in recovery for sexual abuse? ________ How long? ________

Is your present sex life satisfactory? If not, please explain.

Have you ever had an abortion? ☐ Yes ☐ No What age? ________ Please explain.

How many children do you have (including children from previous marriages whether they are living with you or not)?
sons ________ living ________ deceased ________
daughters ________ living ________ deceased ________
Please provide the information requested for your children.

1 = Severe problems; 2 = Many problems; 3 = Average; 4 = Some problems; 5 = Well adjusted

<table>
<thead>
<tr>
<th>Child #</th>
<th>First Name</th>
<th>Age</th>
<th>Sex</th>
<th>Weight</th>
<th>Height</th>
<th>Description - Circle ONE</th>
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<td>Child 1</td>
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<td>Child 3</td>
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<td>Child 5</td>
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<td>Child 6</td>
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<td>Child 7</td>
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<tr>
<td>Child 8</td>
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</table>

**VOCATION/EMPLOYMENT:**

Are you employed?
- [ ] Yes
- [ ] No

Name of employer? ________________________________

Briefly describe the kind of work you do. __________________________________________________________

How long have you done this kind of work? _______ years

Does your present work satisfy you?
- [ ] Yes
- [ ] No

If not, in what ways are you dissatisfied? _________________________________________________________

What would you like to do? ________________________________________________________________

What jobs have you held in the past? ____________________________________________________________

What were your vocational ambitions in the past? _________________________________________________

What are your vocational ambitions now? ________________________________________________________
What is the total annual income of your family? Check ONE
- Under $12,000
- Between $12,000 and $20,000
- Between $20,000 and $35,000
- Between $35,000 and $60,000
- Over $60,000

MILITARY HISTORY

Branch of Service?
Rank?
Type of Duty?
Length of Service?
Type of Discharge?
Adjustment to Military Life?

LEGAL DIFFICULTIES:

DUI? □ Yes □ No
If Yes, please explain and give dates.

Other difficulties including lawsuits, legal guardianship, custody of minor child(ren).

Additional legal difficulties:

RELIGION/SPRITUALITY:

Do you believe in God? □ Yes □ No

In what religion were you raised?
- Catholic
- Jewish
- Protestant specify:
- Fundamental Protestant specify:
- Buddhist
- Muslim
- Hindu
- Agnostic
- No Religion
- Other specify: ______________________

Which describes best how your family that you grew up in practiced religion?
- Actively participated [went to church several times a week]
- Moderately participated [went to church once a week]
- Occasionally participated [went to church every once in a while]
- Rarely participated [only went on holy days such as Easter]
- Never participated [stated they believed in God but never went to church]
- My family of origin had no religion in which to participate
Which describes best how you feel about your religious upbringing?

- Religion was beaten into me
- Religion was a good experience
- I am angry about being forced to go to church
- I am grateful for my religious upbringing
- My religious upbringing is irrelevant to my life
- I have no particularly strong feelings about my religious upbringing

As a child, I understood God as being:

- Loving and generous
- Wrathful and angry
- Everywhere as in nature but powerless to help me
- Removed from my daily life
- Could not imagine God
- Wanted to believe in God but had difficulty
- God? Who cares?

As a child, my greatest religious concern was:

- Heaven and hell
- Guilt and punishment
- Love and grace
- Satan/the devil and evil
- Being good or being bad
- Fearful of God's punishment
- Death
- I had no religious concerns

How did your parents respond to your grief?

- They ignored it
- They helped me through it and comforted me
- They told me to stuff my feelings
- They got angry at my feelings
- They showed disgust at my feelings
- They did not see me or my feelings [I felt invisible]

Do you feel your faith or religion has been:

- A vital part of your life
- Important, but not vital
- Something you can take or leave
- The source of all your problems
- Have had no faith or religion as an adult

Please explain: ____________________________________________

_________________________________________________________

Now I understand God as being

- Loving and generous
- Wrathful and angry
- Everywhere as in nature but powerless to help me
- Removed from my daily life
- Can not imagine God
- Want to believe in God but have difficulty
- God? Who cares?

This is  □ Similar to  □ Different from my childhood belief.

Which of the following contributes to your inability to find peace of mind?

- Hopelessness
- Despair
Depression  Resentment
Self-hate  Constant lying
Lack of discipline  Sex issues
Impatience  Other specify: 

Do you feel you have done something that is so bad you cannot be forgiven?
☐ Yes
☐ No
Please explain. 

HOBBIES/INTERESTS:

What are your present interests, hobbies and activities?  

How much time do you spend in leisure activities?  

Do you prefer spending leisure time alone or with others? Why?  

How is most of your leisure time occupied?  

What would you like to change about your leisure time and the way it is spent? Please explain.

PSYCHIATRIC HISTORY:

Does anyone in your family have a psychiatric illness, such as depression, alcoholism, drug dependence or an eating disorder? Please give details.

Are there any other members of the family about whom information regarding illness, etc., is relevant?
List any situations that make you feel stressed.  ____________________________________________

_____________________________________________________________________________________

List any situations, which make you feel calm or relaxed.  ______________________________________

_____________________________________________________________________________________

How were you referred to a treatment or self-help Program?

☐ Family member [relationship]:  ____________________________________________________________

☐ Physician [name]:  ________________________________________________________________

☐ Therapist [name]:  ________________________________________________________________

☐ Friend

☐ Clergy

☐ Internet

☐ Other specify:  ________________________________________________________________

Below, briefly state your expectations concerning a treatment or self-help Program.  What benefits do you want to derive?

_____________________________________________________________________________________

_____________________________________________________________________________________

MEDICAL HISTORY:

What are your present medical problems?  _____________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

What are your past medical problems?  _____________________________________________________

_____________________________________________________________________________________

What medication or drugs are you taking?  Please list names and amounts, including any for weight control and including birth control pills.

<table>
<thead>
<tr>
<th>NAME OF MEDICATION OR DRUG</th>
<th>AMOUNT</th>
<th>HOW OFTEN</th>
<th>REASON</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Are you allergic to any medication, drugs or foods?

☐ No
Yes  If yes, please list which and what reaction you have; e.g. "rash".

When did you last have a complete physical exam?
Date [Month, Day, Year]:  /  /

Who is your current medical doctor?

**ADDITIONS HISTORY:**

How much alcohol do you currently drink?  In the past?
- One or more drinks daily
- Two or more drinks a week
- One drink a week
- One drink a month
- Less than one drink a month
- One or more drinks daily
- Two or more drinks a week
- One drink a week
- One drink a month
- Less than one drink a month

Specify type(s) of alcohol: 

Are you currently an
- Alcoholic
- Drug addict
- Prescription drug addict
- Food addict
- Recovering alcoholic
- Recovering drug addict
- Recovering prescription drug addict
- Recovering food addict

Please indicate your current use of drugs:

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>Amount</th>
<th>Daily</th>
<th>Weekly</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amphetamines</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barbiturates</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
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<tr>
<td>Heroin</td>
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</tr>
<tr>
<td>Hallucinogens</td>
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<tr>
<td>Marijuana</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Tranquilizers</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

Please indicate your past use of drugs:

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>Amount</th>
<th>Daily</th>
<th>Weekly</th>
<th>Monthly</th>
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</thead>
<tbody>
<tr>
<td>Amphetamines</td>
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<td>Heroin</td>
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</tbody>
</table>
Hallucinogens
Marijuana
Tranquilizers
Other

How many cigarettes do you currently smoke daily?
In the past?
- Three packs or more
- Between one and three packs
- One to three packs
- Less than one pack
- Three packs or more

How long have you smoked? __________________________________________

How many cups of coffee do you drink daily?
- Six cups or more
- Three to five cups
- One or two cups
- None

How many cups of soda do you drink daily?
- Six cans or more
- Three to five cans
- One or two cans
- None

Are they "diet" sodas?  □ Yes  □ No
Are they caffeine free? □ Yes □ No

How many hours of sleep do you need to feel your best?
- Ten hours or more
- Eight to ten hours
- Six to eight hours
- Less than six hours

Check one:
- I get enough sleep.
- I do not get enough sleep.
- I sleep too much

How would you describe your overall physical health?  Check one
- Excellent
- Better than average
- Average
- Worse than average
- Poor

List health problems or symptoms: ______________________________________

**MENSTRUAL HISTORY:** [MALES SKIP]
How old were you when your first menstrual period began? _______ years old
☐ Not Applicable [for females who have never menstruated]

Are you on birth control?
☐ Yes
☐ No

How many times have you missed your period for 2 consecutive months or more (excluding pregnancy)?
_______ Times ☐ Never

Please complete the following for each time your menstrual period stopped:

<table>
<thead>
<tr>
<th>Most Recently</th>
<th>Previous Time</th>
<th>Previous Time</th>
<th>Previous Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
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</tr>
<tr>
<td>Weight</td>
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<td></td>
</tr>
<tr>
<td>Date resumed</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Weight resumed</td>
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</tbody>
</table>

EXCEPT for any times when your periods may have stopped because of a major weight loss or gain, what is the approximate regularity of your periods?
☐ Fairly regular [same number of days, not more than 3 days early, late]
☐ Somewhat irregular [within 4 to 10 days early or late]
☐ Very irregular [more than 10 days early or late]

PRIOR HEALTH HISTORY:

NOT COUNTING HOSPITALIZATION FOR CHILDBIRTH, please list all hospitalizations, indicating your age and the reason for each admission:

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<thead>
<tr>
<th>AGE</th>
<th>REASON FOR HOSPITALIZATION</th>
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</tbody>
</table>

Please list any serious illnesses you have had which DID NOT REQUIRE HOSPITALIZATION:

<table>
<thead>
<tr>
<th>AGE</th>
<th>ILLNESS</th>
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</table>

Have you ever received psychiatric therapy or are you now receiving psychiatric therapy?
ATTITUDE TOWARD PRESENT LIFE SITUATION:

Please check the following responses that apply to you:

- take sedatives
- feel panicky
- suicidal ideas
- sexual problems
- inferiority feelings
- over-ambitious
- shy with people
- unable to have a good time
- can't make decisions
- home conditions bad
- concentration difficulties
- don't like weekends & vacations
- headaches
- palpitations
- bowel disturbances
- nightmares
- feeling tense
- depressed
- eat too much
- dizziness
- stomach trouble
- fatigue
- can't make friends
- can't keep a job
- financial problems
- unable to relax
- fainting spells
- no appetite
- insomnia
- alcoholism
- tremors
- take drugs
- memory problems

Others: ____________________________________________

Check the following words, which apply to you:
- worthless
- inadequate
- can't do anything right
- horrible thoughts
- guilty
- agitated
- repulsive
- confused
- useless
- stupid
- full of regrets
- hostile
- cowardly
- ugly
- lonely
- attractive
- "a nobody"
- incompetent
- evil
- full of hate
- unassertive
- deformed
- unloved
- worthwhile
- life is empty
- naive
- morally wrong
- considerate
- bored
- in conflict
- intelligent
- confident
- misunderstood
- unconfident
- sympathetic
- anxious
- panicky
- unattractive
- restless
- fat

Others: ________________________________

DO YOU HAVE A HISTORY OF:

<table>
<thead>
<tr>
<th>Heart Disorders</th>
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<th>No</th>
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<tbody>
<tr>
<td>Asthma/Emphysema</td>
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<tr>
<td>Other Lung Disorders</td>
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<tr>
<td>High Blood Pressure</td>
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<tr>
<td>Rheumatoid Arthritis</td>
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<td>Stress Related Tension</td>
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<tr>
<td>Circulatory Disorders</td>
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<tr>
<td>Migraine Headaches</td>
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<td>Tension Headaches</td>
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<tr>
<td>Recent Infections</td>
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<tr>
<td>Psychological Disorder</td>
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<tr>
<td>Kidney Disorders</td>
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<td>Nervous Disorders</td>
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<td>Sinus Problems</td>
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<td>Skin Allergies</td>
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<tr>
<td>Gastrointestinal Disturbances</td>
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<tr>
<td>Fluid Retention</td>
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<td>Hay fever</td>
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<td>Tightness of throat</td>
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<td>Thyroid trouble</td>
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<td>Twitching of face</td>
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<tr>
<td>Fatigue</td>
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<td>Head feels heavy</td>
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<td>Loss of balance</td>
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<td>Light bother eyes</td>
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<td>Tightness of shoulder muscles</td>
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<tr>
<td>Pins &amp; needles in arms &amp; hands</td>
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<tr>
<td>Chest pains</td>
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<td>Shortness of breath</td>
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<td>Heart palpitation</td>
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<td>Anemia</td>
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<td>Nervous stomach</td>
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<tr>
<td>Ulcers</td>
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<td>Cold sweats</td>
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<td>Gall bladder trouble</td>
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<tr>
<td>Constipation</td>
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<td>Sleeping problems</td>
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<td>Pins &amp; needles in legs</td>
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<td>Pains in legs &amp; feet</td>
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<tr>
<td>Diabetes</td>
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<tr>
<td>Cancer</td>
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<tr>
<td>AIDS/HIV</td>
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<td>Any Implants</td>
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<tr>
<td>Broken Bones</td>
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<tr>
<td>Back Problems</td>
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<tr>
<td>Neck Problems</td>
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<tr>
<td>Recent Fever</td>
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<td>Recent Pain</td>
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<td>Chronic Pain</td>
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<td>Blood Clots</td>
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<td>TMJ Problems</td>
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<td>Dizziness</td>
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<td>Loss of smell</td>
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<td>Loss of taste</td>
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<td>Inflammation/throat</td>
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<td>Face Flushed</td>
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<td>Depression</td>
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<td>Fainting</td>
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<td>Ringing in ears</td>
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<td>Grating in neck</td>
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<td>Neuritis in shoulder &amp; arms</td>
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<td>Cold hands</td>
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<td>Seizures</td>
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<td>Heart attacks</td>
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<td>Low blood pressure</td>
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<td>Rheumatic fever</td>
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<td>Stomach trouble</td>
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<td>Irritability</td>
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<td>Liver trouble</td>
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<td>Indigestion</td>
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<td>Bladder trouble</td>
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<td>Swollen joints</td>
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<td>Knee pain</td>
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<td>Hepatitis</td>
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<td>Urinary problems</td>
<td>Muscular/Skeletal</td>
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<tr>
<td>Venereal disease</td>
<td>Epileptic</td>
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<tr>
<td>Sensitive to touch/in any area</td>
<td>Wear contact lenses</td>
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</table>

**MALES ONLY:**

- Prostate trouble
- Urination difficulty
- Frequent night urination
- Burning upon urination
- Persistent abdominal pain
- Pain on inside of legs or heels
- Pain in groin area
- Low back pain
- Tire too easily
- Lack of energy
- Excessive perspiration
- Diminished sex drive
- Burning or pain during orgasm

**FEMALES ONLY:**

- Easily fatigued
- Pre-menstrual stress
- Tension
- Depression
- Painful menstruation cramps
- Menstruation excessive & prolonged
- Menstruation scanty or missing
- Vaginal Discharge
- Painful breasts
- Menopausal hot flashes, etc.
- Melancholia of long standing
- I.U.D. diaphragm
- Birth control pills

Are you pregnant? ____________________________  Last menstrual period ____________________________

How many pregnancies? ______________________  Last pap Smear ____________________________

Are you taking any of the following? Check those that apply

- Laxatives
- Aspirin
- Sleeping Pills
- Insulin
- Sedatives
- Antidepressant
- Vitamins
- Antihypertensive
- Minerals
- Medical Prescriptions (list all)