

Medical History

Usual body Weight

height

Severe Illnesses/dates:

Injuries/Dates:

Surgeries/dates:

Chronic or continuing conditions or illnesses:

Hypertension? Diabetes? Hyperthyroidism? Hypothyroidism? Stroke? Ca? Low Back pain?

Any contagious diseases:

Current Medications/
supplements

Allergies:

Typical Diet:

Breakfast-

Lunch:

Dinner:

Snacks:

Habits:

Exercise:

Tobacco:

Alcohol:

Recreational Drugs:

Caffeine: