Please check all your warning signs even if not seemingly related to your complaint.

( )frequent colds	( )ADD	( )headaches	( )fevers
( )anxiety	( )hypoglycemia	( )seizures	( )fatigue
( )ulcers	( )poor concentration	( )narcolepsy	( )MS
( )cold hands/feet	( )cognitive worry	( )PMS	( )Epstein-Barr syndrome
( )bowel problems	( )irritability	( )sleep walking	( )Fibromyalgia
( )restless sleep	( )impulsivity	( )hot flashes	( )depression
( )nervousness	( )distraction	( )allergies	( )Rheumatoid arthritis
( )high BP	( )low energy	( )bi polar disorders	( )Chronic fatigue syndrome
( )tight muscles	( )disorganization	( ) eating disorders	( )Auto-Immune system disorders
( )accelerated aging	( )incontinence	( )bed wetting	
( )heart palpations	( )muddledness	( )mood swings	
( )poor expressions	( )poor awakening	( )panic attacks	
of emotions	( ) low pain threshold		

Your Personal Family History (blood relatives only)

( )TB	( )irritable	( )underweight	( )plays sports	( )takes medicines	( )nervous disorders
( )stroke	( )diabetes	( )overweight	( )under stress	( )mood swings	( )recurrent complaints
( )cancer	( )scoliosis	( )any accidents	( )loss of energy	( )heart problems	( )high blood pressure
( )surgery	( )headaches	( )osteoporosis	( )misses work	( )loss of sleep	

Other challenges or medications:_____

Your Spouse's Personal Family History

( )TB	( )irritable	( )underweight	( )plays sports	( )takes medicines	( )nervous disorders
( )stroke	( )diabetes	( )overweight	( )under stress	( )mood swings	( )recurrent complaints
( )cancer	( )scoliosis	( )any accidents	( )loss of energy	( )heart problems	( )high blood pressure
( )surgery	( )headaches	( )osteoporosis	( )misses work	( )loss of sleep	

Other challenges or medications:_____

Children's History

( )falls	( )surgery	( )overweight	( )mood swings	( )eating disorder	( )recurrent infections
( )asthma	( )allergies	( )underweight	( )difficult birth	( )daydreamer	( )on aspirin, Tylenol, Advil
( )anger	( )fatigued	( )plays sports	( )under stress	( )frequent colds	
( )irritable	( )on Ritalin	( )overactive	( )miss school	( )vaccine reaction	

Other challenges or medications:_____

Your Family Health Attitudes

Do you now or have you ever bought:

—Bottled water Y N —Vitamins Y N —Supplements Y N

—Health magazines Y N —Health club membership Y N

Have you ever:

—Had your children checked for scoliosis? Y N

—Had your nervous system checked for function level? Y N

—Had your teeth checked regularly? Y N —Been to a massage therapist? Y N

—Been concerned about your immune system? Y N

—Been concerned about your children's immune system? Y N